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ABSTRACT

This module was designed to assist educators in facilitating learning in health careers outside nursing. It may be used for classroom, on-the-job, or independent study. The module is organized in 10 units. Each unit includes one or more lessons that contain the following components: scope of unit, unit objectives, student's information assignment, reference resources used by instructor, introduction, outline, summary and conclusion, information items, classroom/laboratory activities, and evaluation items. The units cover the following topics: introduction to physical therapy, introduction to patients, patient lifting and transfer techniques, draping techniques, equipment identification and storage, infection control, maintaining the treatment area, hydrotherapy, ambulation techniques for the aide, and telephone techniques. Selected references, a competency certificate, and a competency profile complete the module. (KC)

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Physical Therapy Aide

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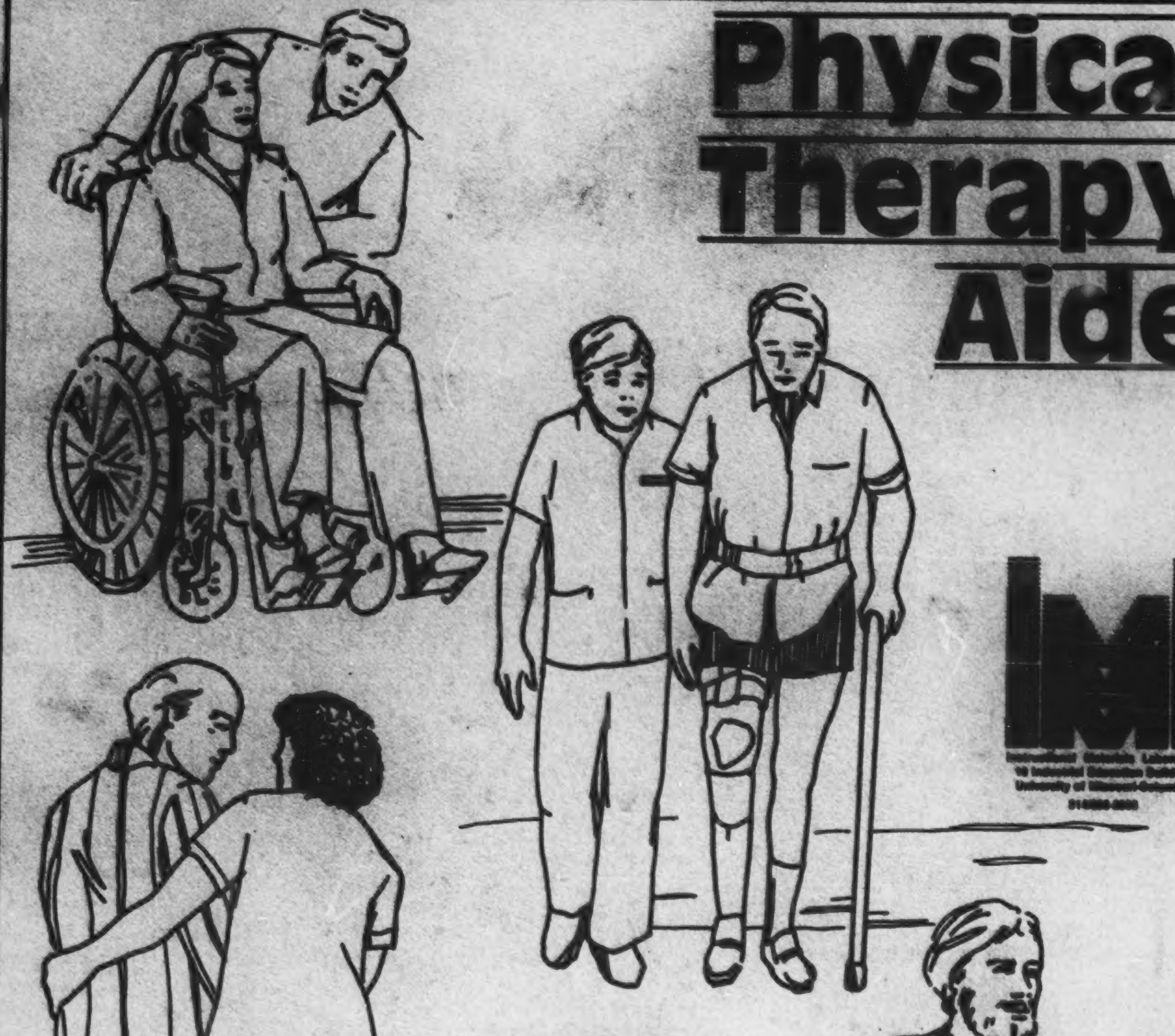

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PHYSICAL THERAPY AIDE

Instructor's Guide

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PREFACE

This module was developed through combined efforts of dedicated individuals who are involved in the educational preparation of health care workers. Educators from both adult preparatory and postsecondary vocational programs cooperated in the design of a content outline from which this module ultimately evolved. The content outline identifies the tasks an aide-level worker in this career field would perform. Lesson plans are prepared to provide instruction for each of the tasks. The end product is an instructional module to assist Health Services Assistant educators to facilitate learning in health careers outside of nursing. With nursing being the Health Services Assistant educator's expertise, the result is limited insight into allied health careers. This module will function as a mechanism to provide instruction that would otherwise be lacking.

The module may be used to:

1) Provide classroom instruction by the Health Services Assistant instructor, or
2) Assist assigned staff to provide on-the-job instruction, or
3) Provide selected units for independent study.

It is hoped that a combination of all three applications will be utilized.

The lesson plans allow the curriculum guide to be prepared in short, manageable segments. Each lesson contains the following components:

SCOPE OF UNIT

A teacher-centered statement that includes the goals of the unit; allows the reader to see the comprehensive content of each lesson

LESSON OBJECTIVES

A listing of skills the student will be able to perform as a result of the lesson; provides the basis for evaluation

INFORMATION ASSIGNMENT

An assignment for which the student is responsible

REFERENCE

Resources the instructor uses to support the unit content

INTRODUCTION

A statement that sets the stage for the learning of the content; tells the student why the lesson is important

OUTLINE

The content of the lesson; may be informative in nature or it may be the steps of a procedure to learn a skill

SUMMARY AND CONCLUSION

Reassimilates all of the information that was included in the content of the lesson; ties all of the information together in a comprehensive overview; purpose is to reinforce learning by summarizing the major components of the lesson

INTERACTION ITEMS

Questions intended to stimulate and encourage student interaction during the unit presentation; allow the instructor to build on students' previous learning as well as dispel any misconceptions

CLASSROOM/LABORATORY ACTIVITIES

Activities designed to reinforce learning; allow students to interact with the new information or materials contained in the lesson

EVALUATION ITEMS

An exercise designed to measure the accomplishment of the lesson objectives; may be a written evaluation or skills demonstration

The module becomes individualized when the instructor includes his/her program's philosophy and unique teaching style. Additional content may be added to increase the scope of the unit if it better serves individual programs.

The dedication with which this course was developed reflects the sincere desire of the Health Occupations Education community to provide a solid basic educational foundation for beginning students in health careers.

PHYSICAL THERAPY AIDE

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PHYSICAL THERAPY AIDE INSTRUCTIONAL ANALYSIS

DEMONSTRATION	INFORMATION

INTRODUCTION TO PHYSICAL THERAPY

DEMONSTRATION	INFORMATION
	1. Definition and the beginnings of physical therapy
	2. Physical therapy workers

INTRODUCTION TO PATIENTS

DEMONSTRATION	INFORMATION
	3. Patient types requiring physical therapy
	4. Communication and patient rights

PATIENT LIFTING AND TRANSFER TECHNIQUES

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	5. Principles of lifting
	6. Basic transfers
7. Transfer of the patient with one-sided weakness	
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	11. Draping the patient
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EQUIPMENT IDENTIFICATION AND STORAGE	
	13. Heating and cooling equipment
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	25. Introduction to ambulation
TELEPHONE TECHNIQUES	
	26. Using the phone

LESSON PLAN: 1

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT 1 INTRODUCTION TO PHYSICAL THERAPY

SCOPE OF UNIT:

This unit covers the definition and history of physical therapy in the United States, as well as an overview of the workers in the profession and their functions. Different settings in which these workers might be employed will also be discussed.

INFORMATION TOPIC: X OR DEMONSTRATION:

DEFINITION AND THE BEGINNINGS OF PHYSICAL THERAPY

(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Write the definition of physical therapy as published by the American Physical Therapy Association.
2. Identify the name of the founder of physical therapy.
3. List three important events contributing to the growth of the profession of physical therapy in the United States.
4. List two previous names of the American Physical Therapy Association.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Definition of Physical Therapy
2. TM 2: Important People
3. TM 3: Major Events Contributing to the Growth of Physical Therapy in the U.S.
4. TM 4: Names of the Association

INFORMATIONAL ASSIGNMENT: (Student)

American Physical Therapy Association. Careers in Physical Therapy...A Dynamic Health Care Profession. Alexandria, VA: APTA, 1984, p. 1.

"Physical Therapy." Journal of the American Physical Therapy Association, 56, No. 1 (1976), pp. 9-62.

REFERENCES: (Instructor's Additional Information)

American Physical Therapy Association. Careers in Physical Therapy...A Dynamic Health Care Profession. 1984. Available from: APTA, 1111 N. Fairfax St., Alexandria, VA 22314.

"Physical Therapy." Journal of the American Physical Therapy Association, 56, No. 1 (1976), pp. 9-62.

INTRODUCTION:

It is important for anyone interested in working in a profession such as physical therapy to know a good basic definition of the profession and a few important aspects of how it became what it is today. This lesson will provide you with such a basic definition and a brief history of the profession.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

OUTLINE: (Key Points)

I. Definition of Physical Therapy (TM 1) (II-1)

"Physical therapy is a dynamic health care profession. Practitioners are skilled in planning, organizing, and directing programs for the care of patients of all ages who are disabled by illness or an accident or were born with a handicap. Physical therapists work in hospitals, nursing homes, schools for handicapped children, private offices, rehabilitation centers, community health centers, research centers, industry, and as athletic trainers and educators in colleges and universities offering programs in physical therapy." (American Physical Therapy Association)

II. Important People in the Development of the Profession (TM 2)

  A. William C. Gorgas - Attorney General (1918)

  B. Elliott G. Brackett, M.D. - involved in early development of physical therapy (PT)

  C. Joel E. Goldthwait, M.D. - sent to Europe to study health care system; helped organize PT (reconstruction aides)

  D. Miss Mary McMillan

    1. First physical therapist in U.S.

    2. Trained in England

    3. First physical therapist to publish a book in U.S.

    4. First president of professional association

    5. Considered founder of the profession

  E. Frank B. Granger, M.D. - assisted in early development

  F. Miss Marguerite Sanderson - early reconstruction aide and promoter of PT

  G. Robert W. Lovett, M.D. - orthopedist, very active in polio times

III. Major Events Contributing to the Growth of Physical Therapy in the United States (TM 3)

A. World War I - reconstruction aides (II-2)

B. World War II - rehabilitation

C. Polio epidemic - 1930's and 1940's

IV. The Professional Association (TM 4) (II-3)

A. First formation meeting at Keen's Chop House, New York City on January 15, 1921

B. Names of the professional association

1. American Women's Physical Therapeutic Association (before organization of a national professional body)

2. The American Physiotherapy Association (1922)

3. The American Physical Therapy Association (1947)

V. Summary and Conclusion

A. Definition of physical therapy

B. Important people in the development of the profession

C. Major events contributing to the growth of physical therapy in the United States

D. The professional association

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

INTERACTION ITEMS:

1. Why is it important to know the definition of physical therapy?
2. How did World War I contribute to the rapid growth of physical therapy?
3. Why do the health professions form associations?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

EVALUATION ITEMS

1. Write the definition of physical therapy according to the American Physical Therapy Association, by filling in the blanks with the correct words from the listing below.

Physical therapy is a dynamic ____________ ____________ profession.

Practitioners are skilled in ____________ ____________ and

____________ programs for the care of patients of all ages who are

____________ by ____________ or an ____________

or were ____________ with a ____________. Physical therapists work

in ____________, ____________ ____________,

____________ for ____________ children, private

____________, ____________ centers, community

____________ centers, ____________ centers, and as

____________ and educators in ____________ and

____________ offering programs in physical therapy.

Choose from the following list:

colleges
directing
care
disabled
industry
nursing
offices
planning
hospitals
born
research
handicapped
health
illness
athletic
universities
homes
handicap
trainers
rehabilitation
health
organizing
accident
schools

2. The person considered to be the founder of physical therapy is: (Circle the letter of the correct answer.)

a. Robert Lovett
b. Mary McMillan
c. William Gorgas
d. Marguerite Sanderson

3. Three very important historical events have contributed to the development of physical therapy in the United States. These events were:

   a.

   b.

   c.

4. List two previous names of the American Physical Therapy Association.

   a.

   b.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

ANSWERS TO EVALUATION ITEMS

1. Physical therapy is a dynamic health care profession. Practitioners are skilled in planning, organizing, and directing programs for the care of patients of all ages who are disabled by illness or an accident or were born with a handicap. Physical therapists work in hospitals, nursing homes, schools for handicapped children, private offices, rehabilitation centers, community health centers, research centers, industry, and as athletic trainers and educators in colleges and universities offering programs in physical therapy.

2. b

3. a. World War I
   b. World War II
   c. Polio Epidemic

4. a. American Women's Physical Therapeutic Association
   b. American Physiotherapy Association

Physical Therapy

Physical therapy is a dynamic health care profession. Practitioners are skilled in planning, organizing, and directing programs for the care of patients of all ages who are disabled by illness or an accident or were born with a handicap. Physical therapists work in hospitals, nursing homes, schools for handicapped children, private offices, rehabilitation centers, community health centers, research centers, industry, and as athletic trainers and educators in colleges and universities offering programs in physical therapy.

American Physical Therapy Association

Important People

1. William C. Gorgas
   Attorney General (1918)

2. Elliott Brackett, MD
   Involved in early development of P T

3. Joel Goldthwait, MD
   Sent to Europe to study health care system; helped organize P T (reconstruction aides)

4. Mary McMillan
   -First physical therapist is U.S.
   -Trained in England
   -First physical therapist to publish a book in U.S.
   -First president of professional association
   -Considered founder of the profession

5. Frank Granger, MD
   Assisted in early development

6. Marguerite Sanderson
   Early reconstruction aide and promoter of P T

7. Robert Lovett, MD
   Orthopedist, very active in polio times

Major Events Contributing to the Growth of Physical Therapy in the U.S.

1. World War I
2. World War II
3. Polio Epidemic
   (1930's and 1940's)

Names of the Association

1. American Women's Physical Therapeutic Association (before the organization of a national professional body)
2. The American Physiotherapy Association (1922)
3. The American Physical Therapy Association (1947)

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

SCOPE OF UNIT:

This unit covers the definition and history of physical therapy in the United States, as well as an overview of the workers in the profession and their functions. Different settings in which these workers might be employed will also be discussed.

INFORMATION TOPIC: X OR DEMONSTRATION:

PHYSICAL THERAPY WORKERS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify the educational background and functions of the physical therapist.
2. Identify the educational background and functions of the physical therapist assistant.
3. Identify the educational background and functions of the physical therapy aide.
4. List five of the seven settings in which a physical therapy aide might work.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Physical Therapy Workers
2. TM 2: The Physical Therapist
3. TM 3: The Physical Therapist Assistant
4. TM 4: The Physical Therapy Aide
5. TM 5: Employment Sites

INFORMATIONAL ASSIGNMENT: (Student)

American Physical Therapy Association. Careers in Physical Therapy...A Dynamic Health Care Profession. Alexandria, VA: APTA, 1984, pp. 1-4.

"Physical Therapy." Journal of the American Physical Therapy Association, 56, No. 1 (1976), pp. 9-62.

REFERENCES: (Instructor's Additional Information)

American Physical Therapy Association. Careers in Physical Therapy... A Dynamic Health Care Profession. 1984. Available from: APTA, 1111 N. Fairfax St., Alexandria, VA 22314.

"Physical Therapy." Journal of the American Physical Therapy Association, 56, No. 1 (1976), pp. 9-62.

INTRODUCTION:

In today's lesson we will discuss the differences between the educational background and functions of the physical therapist, the physical therapist assistant, and the physical therapy aide. We will also include several different types of patient care settings in which physical therapy personnel might be employed. This should give you a better understanding of the personnel with whom you will work.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

OUTLINE: (Key Points)

I. Workers in Physical Therapy (TM 1) (II-1)

   A. Physical therapist (TM 2)

      1. Education - bachelor's or master's degree from an American Physical Therapy Association accredited school

      2. Responsibilities and functions

         a. Evaluate and re-evaluate patients

         b. Design and implement treatment programs

         c. Communicate with doctor concerning treatment

         d. Supervise PT assistant and PT aide

         e. Keep updated progress notes concerning patients

         f. Approve and countersign all notes written by PT assistants

      3. Licensure - must be licensed in all 50 states, District of Columbia and Puerto Rico by examination administered by each state or territory

   B. Physical therapist assistant (TM 3) (II-2)

      1. Education - graduate of a two-year associate degree program accredited by the American Physical Therapy Association

      2. Responsibilities and functions

         a. Assist the physical therapist in evaluation and setting up treatment programs for patients

         b. Carry out the treatment program designed by the physical therapist

         c. Keep notes on patient responses to the treatment

3. Licensure - at the present time only a few states have licensure of physical therapist assistants; in some states assistants are attached to physical therapist's license

C. Physical therapy aide (TM 4)

1. Education - a class such as this or on-the-job training (II-3)

2. Responsibilities and functions

a. Assist the therapist and assistant in carrying out treatment

b. Transport patients to and from the department

c. Be sure the department is not cluttered

d. Change linen after patients

e. Order and maintain linen and supplies as designated

f. May serve as hydrotherapy aide (prepare and give whirlpool treatments)

3. Licensure - none

II. Employment of Pnysical Therapy Personnel (TM 5) (II-4)

A. Responsibilities and functions of the physical therapist, physical therapist assistant, and physical therapy aide change/vary with the employment setting

B. Employment settings

1. General hospital

2. Rehabilitation center

3. Pediatric center

4. Nursing homes (extended care)

5. Sports

6. Private clinics

7. Public schools

III. Summary and Conclusion

A. Workers in physical therapy

B. Employment of physical therapy personnel

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

INTERACTION ITEMS:

1. What are the titles of three care providers in physical therapy?
2. Which physical therapy worker has attended an accredited two-year program in a community or junior college?
3. What are some of the functions of the physical therapist, physical therapist assistant, and physical therapy aide?
4. What are several places in which a physical therapy aide might work?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

EVALUATION ITEMS

1. Correctly match the letter in column two to the corresponding number in column one.

______	1. Carries out planned patient care program	a.	Physical therapist
______	2. Evaluates and plans the patient care program	b.	Physical therapist assistant
______	3. Graduate of a two-year associate degree program accredited by the American Physical Therapy Association	c.	Physical therapy aide
______	4. Takes care of reordering clean linen		
______	5. Is licensed in all states		
______	6. Prepares the patient for treatment		
______	7. Bachelor's or master's degree from an American Physical Therapy Association accredited school		
______	8. Prepares whirlpool and assists patient into the whirlpool		
______	9. Observes and reports patient's response to treatment		
______	10. No licensure or registration is presently required		
______	11. Has legal and ethical responsibility for planning, implementing and evaluating a physical therapy program		
______	12. Completed the Physical Therapy module of a Health Services Assistant course and/or on the job training		

13. List five (5) of the seven different settings mentioned in class in which a physical therapy aide might work.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT I INTRODUCTION TO PHYSICAL THERAPY

ANSWERS TO EVALUATION ITEMS

1. b
2. a
3. b
4. c
5. a
6. c
7. a
8. c
9. b
10. c
11. a
12. c

13. Any five (5) of the following:

    a. General hospital
    b. Rehabilitation center
    c. Pediatric center
    d. Nursing homes (extended care)
    e. Sports
    f. Private clinics
    g. Public schools

Physical Therapy Workers

1. Physical Therapist
2. Physical Therapist Assistant
3. Physical Therapy Aide

The Physical Therapist

1. Education

   Bachelor or Masters degree from an American Physical Therapy Association accredited school

2. Responsibilities
   - A Evaluate and re-evaluate patients
   - B. Design and implement treatment programs
   - C. Communicate with doctor concerning treatment
   - D. Supervise P T assistant and P T aide
   - E. Keep updated progress notes concerning patients
   - F. Approve and countersign all notes written by P T assistants

3. Licensure

   Must be licensed in all 50 states, District of Columbia and Puerto Rico by examination administered by each state or territory

The Physical Therapist Assistant

1. Education

   Graduate of a two year associate degree program accredited by the American Physical Therapy Association

2. Responsibilities
   - A. Assist the physical therapist in evaluation and setting up treatment programs for patients
   - B. Carry out the treatment program designed by the physical therapist
   - C. Keep notes on patient responses to the treatment

3. Licensure

   At the present time only a few states have licensure of physical therapist assistants; in some states assistants are attached to physical therapist's license

The Physical Therapy Aide

1. Education

   A class such as this or on-the-job training

2. Responsibilities
   - A. Assist the therapist and assistant in carrying out treatment
   - B. Transport patients to and from the department
   - C. Be sure the department is not cluttered
   - D. Change linen after patients
   - E. Order and maintain linen and supplies as designated
   - F. May serve as hydrotherapy aide (prepare and give whirlpool treatments)

3. Licensure

   None

Employment Sites

A. General Hospital
B. Rehabilitation Center
C. Pediatric Center
D. Nursing Homes (Extended Care)
E. Sports
F. Private Clinics
G. Public Schools

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

SCOPE OF UNIT:

This unit will introduce the learner to different types of patients commonly needing physical therapy, and provide information for the physical therapy aide to develop a basic understanding of the problems associated with certain conditions. It also includes tips for listening and responding to the patient in addition to information about patient rights with regard to treatment.

INFORMATION TOPIC: X OR DEMONSTRATION:

PATIENT TYPES REQUIRING PHYSICAL THERAPY
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List three of six types of patients commonly treated in the physical therapy department.
2. Match patient types to common characteristics.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Patient Types
2. TM 2: Characteristics of Paraplegics
3. TM 3: Characteristics of Quadriplegics
4. TM 4: Characteristics of Strokes
5. TM 5: Characteristics of Fracture Patients
6. TM 6: Characteristics of Burn Patients
7. TM 7: Characteristics of Amputees
8. TM 8: Characteristics of Arthritis

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

American Heart Association. Aphasia and the Family. (Publication Number 50-002-A) 1984. Available from: AHA Missouri Affiliate, P.O. Box Q, Columbia, MO 65205; 314-443-1511.

American Heart Association. Stroke: Why Do They Behave That Way? (Publication Number 50-035-A) 1983. Available from: AHA Missouri Affiliate, P.O. Box Q, Columbia, MO 65205; 314-443-1511.

American Heart Association. Up and Around. (Publication Number 50-026-A) 1983. Available from: AHA Missouri Affiliate, P.O. Box Q, Columbia, MO 65205; 314-443-1511.

Bromley, Ida and Churchill Livingstone. Tetraplegia and Paraplegia, A Guide for Physiotherapists. 2nd ed. New York: Churchill-Livingstone, Inc., 1981.

Krusen, et al. Handbook of Physical Medicine and Rehabilitation. Philadelphia: W.B. Saunders Co., 1971.

Purtilo, Ruth. The Allied Health Professional and the Patient. Philadelphia: W.B. Saunders, 1973.

Ruskin, Asa P. Current Therapy in Physiatry. Philadelphia: W.B. Saunders, 1984.

Sine, Robert D., ed. Basic Rehabilitation Techniques. Germantown, MD: Aspen Systems Corporation, 1977.

Webster's Ninth New Collegiate Dictionary. Springfield, MA: Merriam-Webster, Inc., 1985.

INTRODUCTION:

Today we are going to discuss the different kinds of patients who may be seen in the physical therapy department. Each patient type has specific characteristics that relate to his/her condition.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

OUTLINE: (Key Points)

I. Patients Commonly Treated in Physical Therapy (TM 1)

  A. Spinal cord injuries

    1. Paraplegics

    2. Quadriplegics

  B. Brain injuries

    1. Strokes (most common)

    2. Traumatic

    3. Disease process - tumors, infections

  C. Fractures

  D. Burns

  E. Amputees

    1. Upper extremity

    2. Lower extremity

  F. Arthritis

II. Patient Characteristics

  A. Spinal cord injury - an injury to the major pathway contained within the spinal column; an injury to the spinal cord can occur anywhere between the base of the skull and lumbar vertebrae number one in an adult

    1. Paraplegia (TM 2)

      a. An injury to the spinal cord below thoracic vertebrae number two

      b. Characteristics

        (1) Two extremities involved, usually lower

(2) Upper extremities normal

(3) Whether or not the patient can learn to walk with braces and crutches depends upon level of cord injury

(4) Forearm crutches are usually used with long leg braces

(5) May be flaccid or spastic

(6) If a complete cord injury, patient will not return to normal

2. Quadriplegia (TM 3) (II-1)

a. An injury to the spinal cord from cervical vertebrae number one to thoracic vertebrae number two

b. Characteristics

(1) All four extremities involved, uppers not usually completely paralyzed

(2) Will probably be spastic

(3) If complete injury to cord, the patient will be confined to a wheelchair

(4) May have respiratory problems (cough and sneeze) due to loss of abdominal muscle function

(5) May have tracheostomy (especially early on)

B. Brain injuries - injury to the brain either from external forces such as blows to the head or skull fractures, or internal forces such as tumors, ruptured blood vessels, or plugged blood vessels

1. Strokes (TM 4)

a. Injury to the brain as a result of a plugged artery

b. Characteristics

(1) Paralysis on one side (from midline of body)

(2) May have speech problems

(a) Receptive-cannot understand you

(b) Expressive-says wrong words; sometimes swears

(3) Face droops on involved side (this may not occur in long-term)

(4) May not realize involved side belongs to him/her

(5) Sensation may be lost on involved side, may not know where involved arm or leg is

(6) May or may not be spastic (usually are)

2. Traumatic Head Injuries

a. Injury to the brain usually occurring due to a blow to the head

b. These injuries are extremely complicated and beyond the scope of this course

C. Fractures (TM 5) (II-2)

1. Broken bones due to many reasons; usually a result of accident or trauma

2. Characteristics

a. May be treated by traction or casting

b. Physical therapy department may provide upper and lower extremity treatments following cast removal (stretching exercise)

c. Initial reason for physical therapy for the adult is usually to teach gait with crutches

d. Primary goal of PT for elderly is to restore mobility after a fracture

e. May have nonweight bearing cast or walking cast depending on fracture

D. Burns

1. Damage to the skin and possibly to underlying tissue due to exposure to extreme heat or chemicals

2. Degrees (TM 6)

a. First degree

(1) Red

(2) Burning sensation

(3) Uncomfortable (example - sunburn)

b. Second degree

   (1) Severe blistering

   (2) Peeling

   (3) Very uncomfortable and painful

c. Third degree

   (1) Skin is burned away

   (2) Sensory endings in skin are burned away

   (3) No sensation, therefore no pain

3. Comments about burns

   a. Keep in mind that if a patient has third degree burns, first and second degree also occur toward the edge of the burned area.

   b. You may be giving whirlpool treatments to these patients. Be careful, especially if the patient has had a skin graft.

E. Amputees (TM 7)

1. Loss or absence of a limb or part of a limb due to surgical procedure, traumatic injury, or birth defect

2. Characteristics

   a. Upper extremity

      (1) Amputation may be at any level.

      (2) Most common

         (a) Below elbow (BE)

         (b) Above elbow (AE)

      (3) Some patients become very efficient with hook prosthesis (artificial arm).

   b. Lower extremity

      (1) Amputation may be at any level.

      (2) Most common

         (a) Below knee (BK)

         (b) Above knee (AK)

(3) Most patients should become very efficient in walking with the prosthesis (artificial leg).

F. Arthritis (TM 8)

1. Inflammation of one or more joints of the body

2. Many causes ranging from trauma to disease

3. Between eighty and one hundred kinds of arthritis have been identified.

4. Characteristics

a. Painful upon motion

b. Causes deformity in some cases

III. Summary and Conclusion

A. Patients commonly treated in physical therapy

B. Patient characteristics

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

INTERACTION ITEMS:

1. Which patient do you think is most most likely to have respiratory problems - a paraplegic or a quadriplegic?

2. What is the most common reason a fracture patient is usually seen in the physical therapy department?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

EVALUATION ITEMS

1. Three types of patients commonly seen in physical therapy are listed below. Please add three more commonly seen patients to the list.

   a. Fractures
   b. Burns
   c. Spinal cord injuries
   d. ____________
   e. ____________
   f. ____________

Listed at the left are characteristics common to specific types of patients. Place the number of the correct patient type, listed on the right, in the blank next to each characteristic.

_____ 2. Both legs paralyzed

_____ 3. A cast on the right leg

_____ 4. Pain in joints with deformities of the fingers

_____ 5. AK

_____ 6. Can't move left arm or leg and has a droopy face on the left side

a. Quadriplegic

b. Arthritis

c. Stroke

d. Paraplegic

e. Fracture

f. Amputee

g. Burn

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

ANSWERS TO EVALUATION ITEMS

1. May be listed in any order:
   d. Brain injuries
   e. Amputees
   f. Arthritis
2. d
3. e
4. b
5. f
6. c

Patient Types

A. Spinal Cord Injuries
   1. Paraplegics
   2. Quadriplegics

B. Brain Injuries

C. Fractures

D. Burns

E. Amputees

F. Arthritis

Characteristics of Paraplegics

A. Two extremities involved, usually lower

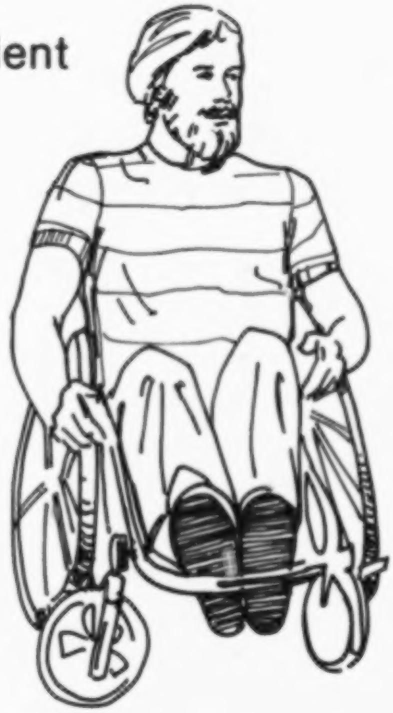
B. Upper extremities normal

C. Whether or not the patient can learn to walk with braces and crutches depends upon level of cord injury

D. Forearm crutches usually used with long leg braces

E. May be flaccid or spastic

F. If a complete cord injury, the patient will not return to normal



Characteristics of Quadriplegics

A. All four extremities involved, uppers not usually completely paralyzed

B. Will probably be spastic

C. If complete injury to cord the patient will be confined to a wheelchair

D. May have respiratory problems (cough and sneeze) due to loss of abdominal muscles

E. May have tracheostomy (especially early on)

Characteristics of Strokes

A. Paralysis on one side (from midline of body)

B. May have speech problems

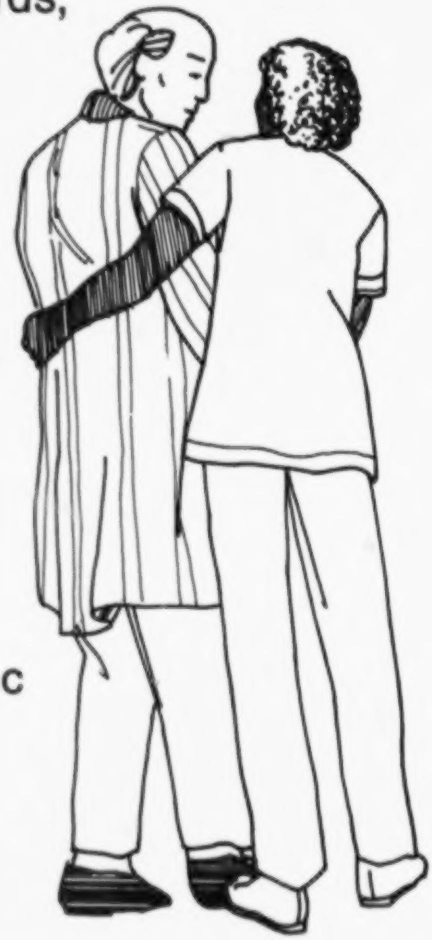
   1. Receptive - does not understand you
   2. Expressive - says wrong words, sometimes swears

C. Face droops on involved side

D. May not realize involved side belongs to him/her

E. Sensation may be lost on involved side, may not know where involved arm or leg is

F. Usually, but not always, spastic



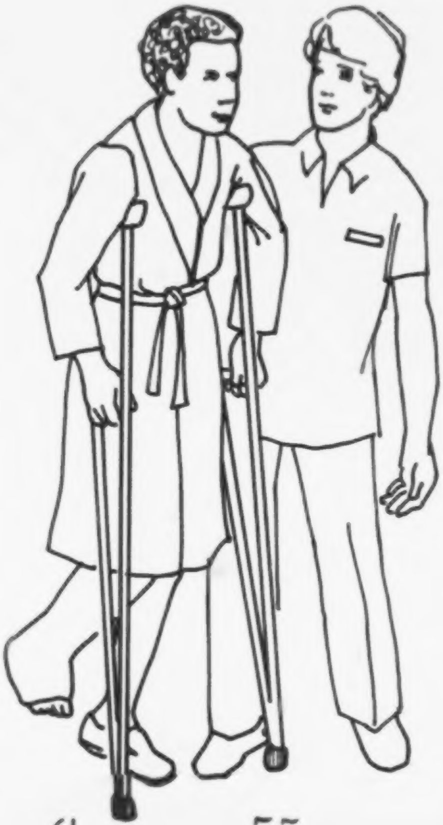
Characteristics of Fracture Patients

A. May be treated by traction or casting

B. Physical therapy may see upper and lower extremity following cast removal for stretching exercise

C. Initial reason for physical therapy is usually to teach gait with crutches

D. May have nonweight bearing cast or walking cast depending on fracture



Characteristics of Burn Patients

1. Degrees

   A. First degree - red, burning, sensation, uncomfortable
   example - sunburn

   B. Second degree - severe blistering and peeling, very uncomfortable and painful

   C. Third degree - skin is burned away; sensory endings in skin are burned away; no sensation - therefore no pain

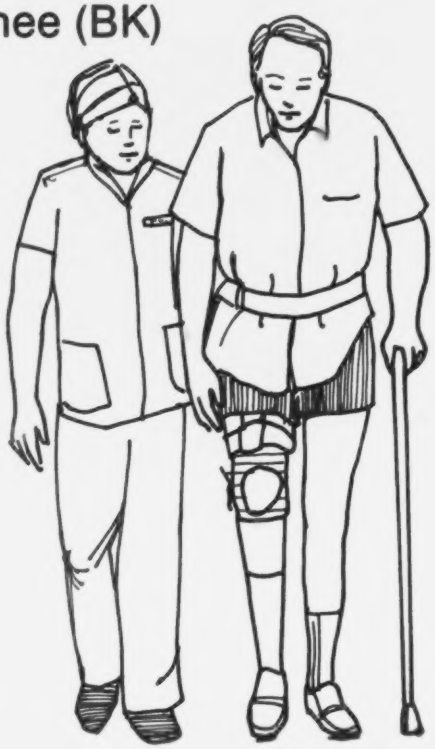
2. Comments about burns

   A. If a patient has third degree burns, first and second degree also occur toward the edge of the burned area.

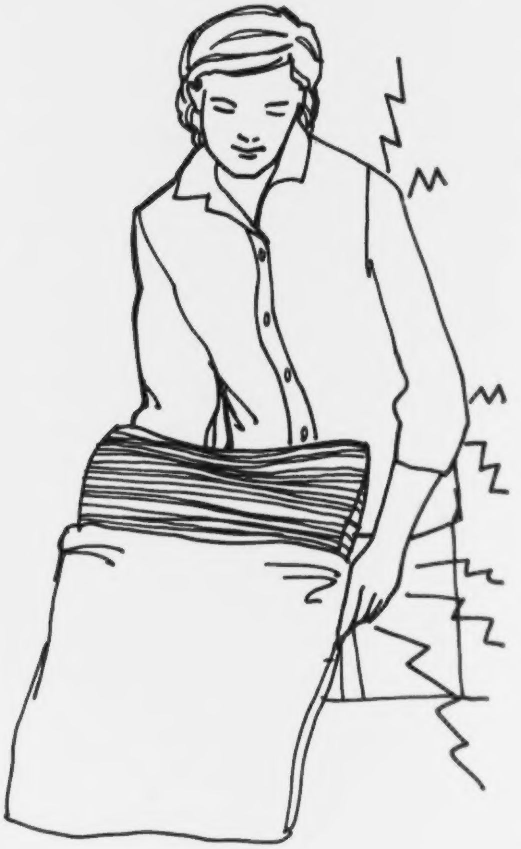
   B. You may be giving whirlpool treatments to these patients. Be careful, especially if the patient has had a skin graft.

Characteristics of Amputees

1. Upper extremity
    - A. Amputation may be at any level
    - B. Most common is below elbow (BE) and above elbow (AE)
    - C. Some become very efficient with hook prosthesis (artificial arm)
2. Lower extremity
    - A. Amputation may be at any level
    - B. Most common is below knee (BK) and above knee (AK)
    - C. Most should become very efficient in walking with the prosthesis (artificial leg)



Characteristics of Arthritis



1. Means inflamation of a joint or joints
2. May be painful upon motion
3. Causes deformity in some cases

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

SCOPE OF UNIT:

This unit will introduce the learner to different types of patients commonly needing physical therapy, and provide information for the physical therapy aide to develop a basic understanding of the problems associated with certain conditions. It also includes tips for listening and responding to the patient in addition to information about patient rights with regard to treatment.

INFORMATION TOPIC: X OR DEMONSTRATION:

COMMUNICATION AND PATIENT RIGHTS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe the difference between sympathy and empathy and how both relate to patient care.
2. Determine when it is appropriate to report the patient's conversation to the supervisor or physical therapist.
3. Determine when a situation is within the patient's rights.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: A Patient's Bill of Rights

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

American Heart Association. Aphasia and the Family. (Publication Number 50-002-A) 1984. Available from: AHA Missouri Affiliate, P.O. Box Q, Columbia, MO 65205; 314-443-1511.

American Heart Association. Stroke: Why Do They Behave That Way? (Publication Number 50-035-A) 1983. Available from: AHA Missouri Affiliate, P.O. Box Q, Columbia, MO 65205; 314-443-1511.

American Heart Association. Up and Around. (Publication Number 50-026-A) 1983. Available from: AHA Missouri Affiliate, P.O. Box Q, Columbia, MO 65205; 314-443-1511.

Bromley, Ida and Churchill Livingstone. Tetraplegia and Paraplegia, A Guide for Physiotherapists. 2nd ed. New York: Churchill-Livingstone, Inc., 1981.

Krusen, et al. Handbook of Physical Medicine and Rehabilitation. Philadelphia: W.B. Saunders Co., 1971.

Purtilo, Ruth. The Allied Health Professional and the Patient. Philadelphia: W.B. Saunders, 1973.

Ruskin, Asa P. Current Therapy in Physiatry. Philadelphia: W.B. Saunders, 1984.

Sine, Robert D., ed. Basic Rehabilitation Techniques. Germantown, MD: Aspen Systems Corporation, 1977.

Webster's Ninth New Collegiate Dictionary. Springfield, MA: Merriam-Webster, Inc., 1985.

INTRODUCTION:

In this lesson we will cover points that will be helpful to you in relating and communicating with PT patients. The patient also has certain rights connected with his/her health care. We will discuss the "Patient's Bill of Rights" developed by the American Hospital Association.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

OUTLINE: (Key Points)

I. Communicating with Patients

  A. Sympathy - having common feelings (II-1)

    1. This reaction from a health care worker may tend to perpetuate the condition.

    2. It supports attention getting and may promote illness.

  B. Empathy - understanding the feelings of others

    1. An understanding of how the patient feels coupled with the knowledge that to improve, the patient must carry out the procedure

    2. Encourage the patient even though the patient doesn't think he/she can do it.

  C. Listening

    1. Get to know the patients and the things they like to talk about.

    2. Any changes in talking (giving up, mumbling, incoherent or inappropriate answers) should be reported immediately to the physical therapy assistant or the physical therapist in charge of that patient's care. This could be an indication of further problems occurring with the patient.

II. Patient Rights (HO I)

  A. Considerate and respectful care

  B. Complete current information concerning his/her diagnosis, treatment, and prognosis

  C. Information necessary to give informed consent prior to the start of any procedure and/or treatment

  D. Refuse treatment to the extent permitted by law, and to be informed of the consequences

E. Consideration of his/her privacy

F. Confidentiality of communication and records of treatment (II-2)

G. The hospital making reasonable response to request for service

H. Obtain information regarding the relationship of the hospital to other health care and educational institutions in relation to his/her care

I. Be advised if the hospital proposes to engage in human experimentation affecting his/her care; he/she has the right to refuse

J. Expect reasonable continuity of care

K. Examine and receive an explanation of his/her bill

L. Know what hospital rules and regulations apply to his/her conduct as a patient

III. Summary and Conclusion

A. Communication with patients

B. Patient rights

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

INTERACTION ITEMS:

1. Do you know the difference between empathy and sympathy?
2. What are the conditions under which the hospital may release the patient's record of treatment?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. Discuss HO I and its implications to the physical therapy aide.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

EVALUATION ITEMS

1. If you told a patient, "I realize what the physical therapist is asking you to do hurts, but it's the only way you'll get to go home." You would be using:

   a. Sympathy
   b. Empathy

In the space provided, write "T" if the statement is true or "F" if it is false.

2. ______ A patient has been discussing his family with you and suddenly begins talking about his trip to the moon. You should ignore him so he will quit "putting you on."

Put an "X" in the blank if the situation is the patient's right.

______ 3. Asks to see his/her bill and have it explained.

______ 4. Asks the physician what is wrong with him/her and how long it will last.

______ 5. Refuses to take a pill when the nurse brings it.

______ 6. Complains about a conversation between health care personnel concerning him/her that occurred in an elevator and was overheard by a friend of the patient.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT II INTRODUCTION TO PATIENTS

ANSWERS TO EVALUATION ITEMS

1. b
2. F

X 3. (II, K)

X 4. (II, B)

X 5. (II, D)

X 6. (II, F)

A PATIENT'S BILL OF RIGHTS

On 6 February 1973 the American Hospital Association's House of Delegates approved A Patient's Bill of Rights. Other historically significant documents in the United States, which predated this Bill of Rights, were a document drafted by the National Welfare Rights Organization (1970) and the preamble to the Standards of the Joint Commission on Accreditation of Hospitals. The AHA Patient's Bill of Rights, printed in full below, has been influential in the development of similar documents in other parts of the world.

The American Hospital Association presents a Patient's Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician and the hospital organization. Further, the Association presents these rights in the expectation that they will be supported by the hospital on behalf of its patients, as an integral part of the healing process. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know by name, the physician responsible for coordinating his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent, should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.

9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive an explanation of his bill regardless of source of payment.

12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

No catalogue of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient, and, above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

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LESSON PLAN: 1

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

SCOPE OF UNIT:

This unit presents information and practice for safely assisting patients when moving from one surface to another. It includes safety tips for ensuring protection of the aide and the patient, in addition to various techniques for transferring different types of patients.

INFORMATION TOPIC: X OR DEMONSTRATION:

PRINCIPLES OF LIFTING
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify terms related to lifting.
2. List the five principles of lifting.
3. State the importance of:
    a. A wide base of support
    b. Lowering the center of gravity
    c. Bending the knees and hips, not the back
    d. Not twisting
    e. Holding the load close
    f. Not lifting overhead
4. Identify incorrect lifting techniques.
5. Describe how the principles of lifting relate to the job of the physical therapy aide.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Slide/tape presentation - "Body Mechanics and Basic Transfers" (direct inquiries to: James A. Martin, 702 N. 76th St., Omaha, NE 68114)

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston VA: Reston Publishing Co., 1984. pp. 1-11.

REFERENCES: (Instructor's Additional Information)

Krusen, et al. Handbook of Physical Medicine and Rehabilitation. 2nd ed. Philadelphia: W.B. Saunders Co., 1971.

Techniques for Moving Patients. Deerfield, MA: Dray Publications, Inc., 1976.

INTRODUCTION:

Moving patients from one surface to another is an everyday procedure for physical therapy personnel. Unfortunately, many hours are lost from work each year because of injuries resulting from using incorrect lifting techniques. This lesson presents lifting principles that will assist in preventing injuries to you if they are used. Your own safety is essential to the safety of your patients. If these principles are followed, safer transfers of your patients can be performed.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

OUTLINE: (Key Points)

I. Definition of Terms

- A. Base of support (II-1)
    - 1. The foundation that supports the weight during the lift
    - 2. Refers to placement of the lifter's feet
- B. Center of gravity (II-2)
    - 1. That point where the weight of an object is concentrated
    - 2. The balance point of an object

II. Principles of Lifting (II-3)

- A. Widen base of support.
    - 1. Place feet apart.
    - 2. Balance and stability are increased by larger base of support.
- B. Hold the load close to body.
    - 1. Center of gravity of lifter and the object is placed over base of support.
    - 2. Balance and stability are increased.
- C. Bend hips and knees.
    - 1. This allows back to keep straight.
    - 2. Lift with legs.
    - 3. Back injury is avoided.
- D. Shift feet to turn.
    - 1. This prevents the trunk from twisting.
    - 2. Back injury is avoided.

E. Do not lift overhead.

  1. This puts the center of gravity too far above base of support.
  2. Balance and stability are decreased.

III. Relating Principles of Lifting to the Job of Physical Therapy Aide

  A. Aides frequently have to move patients.
  B. Following principles of lifting helps avoid injury to the aide.
  C. Following principles of lifting helps avoid injury to the patient.

IV. Summary and Conclusion

  A. Definition of terms
  B. Principles of lifting
  C. Relating principles of lifting to the job of physical therapy aide

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

INTERACTION ITEMS:

1. What is the foundation called that one uses when lifting?
2. What is the point called at which an object can be balanced?
3. What are three of the principles of correct body mechanics and lifting techniques?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. View the slide/tape and discuss the major points.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

EVALUATION ITEMS

1. List the five principles of lifting.

   a. ____________________

   b. ____________________

   c. ____________________

   d. ____________________

   e. ____________________

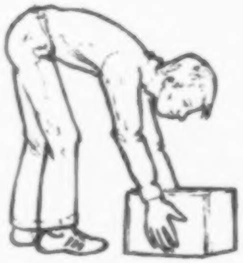
2. The foundation that supports the weight during a lift is: (Circle the letter of the correct answer.)

   a. Balance point
   b. Center of gravity
   c. Principles of lifting
   d. Base of support

3. Holding the load close to your body is important because it: (Circle the correct answer.)

   a. Helps increase your base of support
   b. Raises the center of gravity
   c. Puts the center of gravity over your base of support
   d. Allows you to bend your back more so you can lift better

4. Describe what this lifter is doing wrong.



5. Complete this sentence: Physical therapy aides need to know the principles of lifting to ensure ____________________.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

ANSWERS TO EVALUATION ITEMS

1. a. Widen base of support.
   b. Hold the load close to body.
   c. Bend hips and knees while keeping back straight.
   d. Shift feet to turn once the patient is lifted.
   e. Do not lift over your head.

2. d
3. c

4. The lifter is not bending at the hips and knees; this puts extreme stress on the back.

5. Their own safety and that of their patient's

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

SCOPE OF UNIT:

This unit presents information and practice for safely assisting patients when moving from one surface to another. It includes safety tips for ensuring protection of the aide and the patient, in addition to various techniques for transferring different types of patients.

INFORMATION TOPIC: X OR DEMONSTRATION:

BASIC TRANSFERS
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define transfers.
2. Identify the two determinants for transferring a patient.
3. Given a description of a transfer, determine if it is passive (dependent) or active (independent or assisted).
4. List six of the eight hints in transfer discussed in class.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Definition of Transfers
2. TM 2: Determinants for Transfer
3. TM 3: Passive (Dependent) Transfer
4. TM 4: Active (Assisted or Independent) Transfer

5. HO I: Hints in Transfer

6. Dictionary

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston, VA: Reston Publishing Co., 1984. p. 89.

REFERENCES: (Instructor's Additional Information)

Krusen, et al. Handbook of Physical Medicine and Rehabilitation. 2nd ed. Philadelphia: W.B. Saunders Co., 1971.

Techniques for Moving Patients. Deerfield, MA: Dray Publications Inc., 1976.

INTRODUCTION:

In the last lesson we discussed the principles of lifting necessary to protect the aide from injury. There are, however, some basic points one needs to know before learning each individual transfer. This lesson will provide you with information such as definitions and "rules of thumb" for performing basic transfers.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

OUTLINE: (Key Points)

I. Definition of Transfers - methods of moving a patient from one surface to another (TM 1)

II. Determinants for Transfer (TM 2) (II-1)

  A. Efficiency - the best way with the least amount of help

  B. Safety - the safest transfer for the patient and the aide

III. Types of Transfers (II-2)

  A. Passive (dependent) (TM 3)

    1. No help or very little help from the patient

    2. Aide performs nearly all of the transfer

  B. Active (assisted or independent) (TM 4)

    1. The patient performs a considerable amount of the transfer with assistance.

    2. The patient performs the transfer alone or with the aide standing by.

IV. Hints in Transfer (HO 1)

  NOTE: In executing any transfer, whether passive or active, it is extremely important to remember to use a prearranged verbal cue system which should be established before beginning the transfer.

  A. Moving toward a stronger side is useful.

  B. When standing, the person with one stronger leg usually can transfer better when moving that side of his/her body toward the transfer object.

  C. With generalized muscle involvement, a stronger arm may be used as a stabilizer during standing and pivoting and thus may determine the direction.

  D. If transfer occurs while sitting with movement toward the side, the patient will move in the direction of his/her stronger arm.

E. Sitting transfers can also be done by moving forward or backward to the object. (Good trunk balance is needed.)

F. Equalize the height of the transfer surface.

G. Support of patient's feet will increase his/her stability during sitting transfers.

H. When standing to transfer, move the head and trunk forward so the center of gravity is brought forward. This helps the patient to stand with minimal effort.

V. Summary and Conclusion

A. Definition for transfers

B. Determinants for transfer

C. Types of transfers

D. Hints in transfer

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

INTERACTION ITEMS:

1. What determines if a patient needs to stand or sit to transfer?
2. Do you know what kind of transfer would require you to do all of the lifting?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. Have the class look up dictionary definitions of transfer, passive, active, dependent, independent.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

EVALUATION ITEMS

1. Define transfer.

2. Circle the letter of the answer that is not a determinant for transfer.

   a. A stronger side
   b. Efficiency
   c. Safety

3. If a patient can help during the transfer only by placing his/her arms around your shoulders, it would be classified as a(n): (Circle one.)

   a. Active transfer
   b. Dependent transfer
   c. Independent transfer
   d. Assisted transfer

4. List six (6) hints in transfer.

   1. ____________________

   2. ____________________

   3. ____________________

   4. ____________________

   5. ____________________

   6. ____________________

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

ANSWERS TO EVALUATION ITEMS

1. Methods of moving a patient from one surface to another.

2. a
3. b

4. Any six (6) of the following:

    1. Moving toward a stronger side is useful.
    2. When standing, the person with one stronger leg usually can transfer better when moving that side of his/her body toward the transfer object.
    3. With generalized muscle involvement, a stronger arm may be used as a stabilizer during standing and pivoting and thus may determine the direction.
    4. If transfer occurs while sitting with movement toward the side, the patient will move in the direction of his/her stronger arm.
    5. Sitting transfers can also be done by moving forward or backward to the object. (Good trunk balance is needed.)
    6. Equalize the height of the transfer surface.
    7. Support of patient's feet will increase his/her stability during sitting transfers.
    8. When standing to transfer, move the head and trunk forward so the center of gravity is brought forward. This helps the patient to stand with minimal effort.

Definition of Transfers

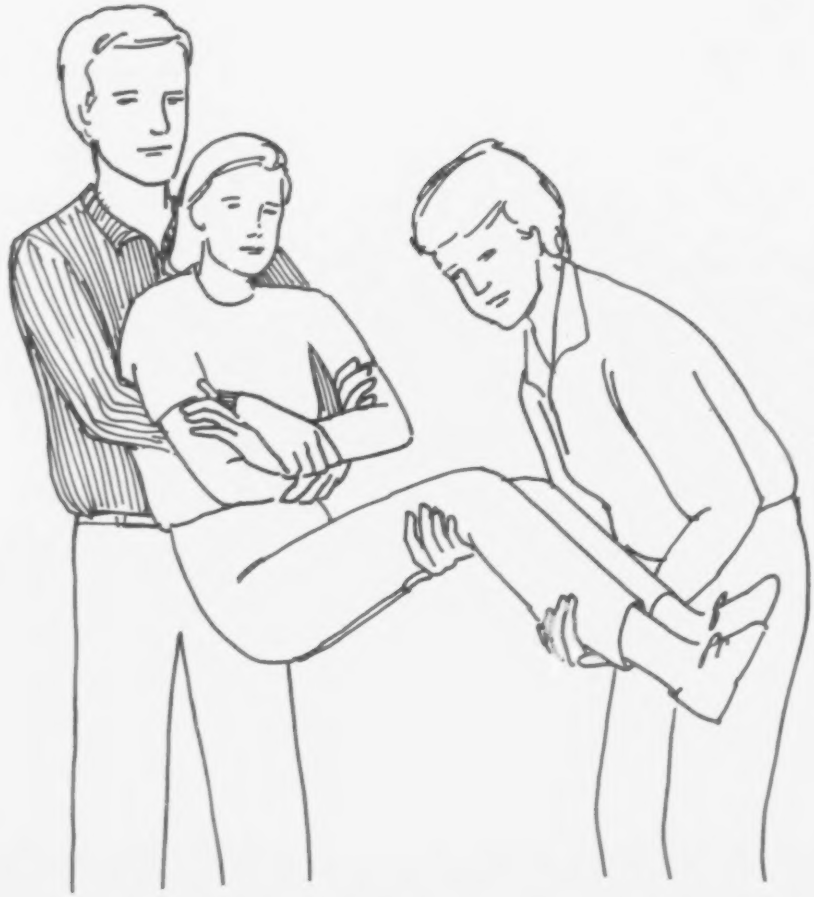
Methods of moving a patient
from one surface to another

Determinants for Transfer

A. Efficiency

B. Safety

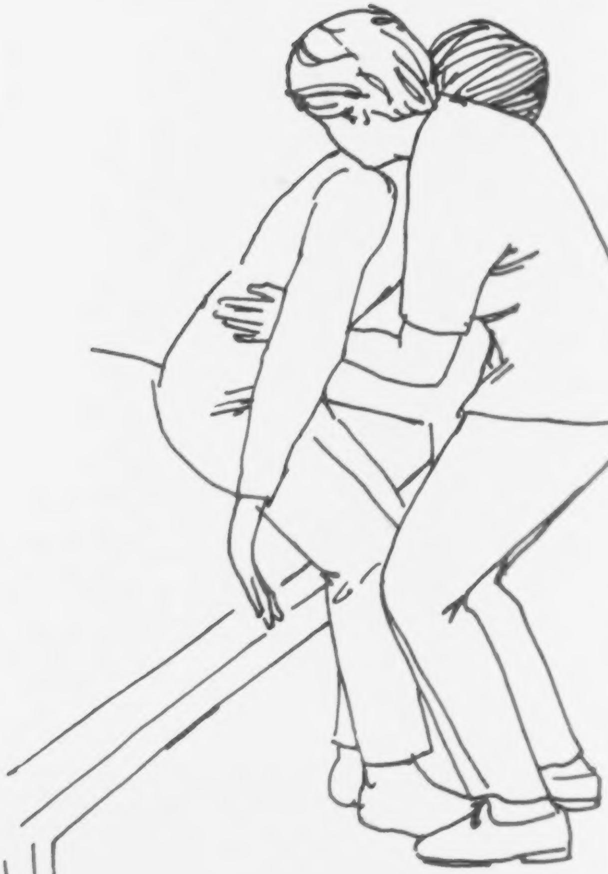
Passive (Dependent) Transfer



The Patient Cannot Help

Active (Assisted or Independent) Transfer

May be Assisted or Independent



The Patient Helps or Does it Alone

Hints in Transfer

1. Moving toward a stronger side is useful.
2. When standing, the person with one stronger leg usually can transfer better when moving that side of his/her body toward the transfer object.
3. With generalized muscle involvement, a stronger arm may be used as a stabilizer during standing and pivoting and thus may determine the direction.
4. If transfer occurs while sitting with movement toward the side, the patient will move in the direction of his/her stronger arm.
5. Sitting transfers can also be done by moving forward or backward to the object. (Good trunk balance is needed.)
6. Equalize the height of the transfer surface.
7. Support of patient's feet will increase his/her stability during sitting transfers.
8. When standing to transfer, move the head and trunk forward so the center of gravity is brought forward. This helps patient to stand with minimal effort.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

SCOPE OF UNIT:

This unit presents information and practice for safely assisting patients when moving from one surface to another. It includes safety tips for ensuring protection of the aide and the patient, in addition to various techniques for transferring different types of patients.

INFORMATION TOPIC: OR DEMONSTRATION: X

TRANSFER OF THE PATIENT WITH ONE-SIDED WEAKNESS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Assist a patient who has weakness on one side of his/her body to transfer from the bed to wheelchair and return, according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Wheelchair
2. Bed or elevated mat
3. Walking belt
4. Slide/tape: "Body Mechanics and Basic Transfers" (direct inquiries to: James A. Martin, 702 N. 76th St., Omaha, NE 68114)

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston, VA, Reston Publishing Co., 1984. pp. 106-117.

REFERENCES: (Instructor's Additional Information)

Krusen, et al. Handbook of Physical Medicine and Rehabilitation. 2nd ed. Philadelphia: W.B. Saunders Co., 1971.

Techniques for Moving Patients. Deerfield, MA: Dray Publications Inc., 1976.

INTRODUCTION:

Patients with one-sided weakness (usually as a result of stroke) are commonly treated in the physical therapy department. They must be taught to transfer alone from wheelchair to other surfaces. At first they will need assistance to perform this transfer. In this lesson you will learn how to assist with this transfer.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

STEPS OF PROCEDURE:

1. Place a walking belt around the patient's waist.

   NOTE: This provides a "handle" for better control of the patient.

2. Place the wheelchair parallel to or slightly diagonal to the side of the bed so the patient is moving toward his/her stronger side.

3. Lock the brakes on the wheelchair to prevent the chair from rolling as you place the patient in it.

4. If possible, remove the arm of the chair next to the bed to prevent the patient from bumping the arm during the transfer and to allow the transfer to be completed without the patient coming to a complete standing position.

5. Lift the pedals of the chair; if the leg rests are the swing-away or removable type, swing them out of the way or remove them.

6. Have the patient move forward so his/her feet are flat on the floor and slightly apart. If the patient cannot move forward independently, you may need to assist him/her.

7. Stand in front of the patient toward the patient's involved side.

8. Block the patient's involved foot with your foot nearest to the wheelchair and his/her knee with your knee.

   NOTE: Spread your feet slightly to increase your base of support and if needed, bend at the hips and knees, not the back.

9. Place your arms around the patient's shoulders, not under the involved arm.

10. Have the patient place his/her uninvolved hand on the bed.

11. Have the patient lean forward over the uninvolved knee, then push with the uninvolved knee while pushing with the uninvolved hand to stand.

    NOTE: Keep the involved knee blocked with your knee.

12. Ask the patient to reach and take hold of the armrest farthest from the bed with the uninvolved hand.

13. Have the patient pivot on the uninvolved foot while you step around with the free foot.

NOTE: Neither of you should be twisting at the trunk to accomplish this.

14. You are now standing in front of the chair. Ask the patient to lean forward over the uninvolved knee and lower into the chair. Bend your hips and knees as the patient sits.

15. To assist the patient back to bed, reverse the steps of procedure.

SUMMARY AND CONCLUSION:

Review steps of procedure.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

INTERACTION ITEMS:

1. Why is it important before beginning any transfer to have a "handle?" How is this accomplished?
2. Why is it important for the patient to move toward his/her stronger side?
3. Where should you stand at the beginning of the transfer?
4. Which foot and knee should you block when transferring a patient with a one-sided weakness?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. Have the students practice this transfer in pairs.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

EVALUATION ITEMS

NAME OF STUDENT: ____________________

TRANSFER OF THE PATIENT WITH ONE-SIDED WEAKNESS

Equipment:

1. Wheelchair
2. Bed or elevated mat
3. Walking belt

DID THE STUDENT:	YES	NO
1. Place a walking belt on the patient.		
2. Position the wheelchair correctly.		
3. Lock the wheelchair brakes.		
4. Remove the wheelchair armrest on the transfer side.		
5. Lift, swing away or remove the footrests.		
6. Have or help the patient move forward.		
7. Stand in the proper place.		
8. Block the patient's involved foot and knee.		
9. Place hands or arms correctly.		
10. Have the patient place his/her uninvolved hand on bed.		
11. Have the patient lean forward over the uninvolved knee, then push with the uninvolved knee while pushing with the uninvolved hand to stand.		
12. Have the patient take hold of farthest armrest with uninvolved hand.		
13. Pivot correctly while supporting the patient's knee.		

		YES	NO
14.	Standing in front of the chair, have the patient lean forward over the uninvolved knee when sitting down.		
15.	Assist patient back to bed by reversing steps of procedure.		

The student has satisfactorily completed the procedure "TRANSFER OF THE PATIENT WITH ONE-SIDED WEAKNESS" according to the steps outlined.

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 4

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

SCOPE OF UNIT:

This unit presents information and practice for safely assisting patients when moving from one surface to another. It includes safety tips for ensuring protection of the aide and the patient, in addition to various techniques for transferring different types of patients.

INFORMATION TOPIC: OR DEMONSTRATION: X

TWO PERSON LIFT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Transfer a patient who cannot bear weight in the lower extremities from bed to wheelchair and return, according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Wheelchair
2. Bed or elevated mat
3. Slide/tape: "Body Mechanics and Basic Transfers" (direct inquiries to: James A. Martin, 702 N. 76th St., Omaha, NE 68114)

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston, VA: Reston Publishing Co., 1984. pp. 100-101.

REFERENCES: (Instructor's Additional Information)

Krusen, et al. Handbook of Physical Medicine and Rehabilitation. 2nd ed. Philadelphia: W.B. Saunders Co., 1971.

Techniques for Moving Patients. Deerfield, MA: Dray Publications Inc., 1976.

INTRODUCTION:

When the patient cannot bear weight on the lower extremities due to paralysis or weakness, the two person lift may be used. This transfer is used quite often in the physical therapy department and, as the name implies, requires two lifters - one in back and one at the legs of the patient.

LESSON PLAN: 4

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

STEPS OF PROCEDURE:

1. Place the wheelchair parallel to or slightly diagonal to the side of the bed.

2. Lock the brakes of the chair to prevent it from moving during the transfer.

3. If possible, remove the arm of the wheelchair next to the bed to prevent bumping the patient when moving to and from the chair.

4. If possible, swing away or remove the leg rests of the chair to keep them from getting in the way of the person lifting the legs.

5. The taller person should be at the back of the patient, as this lifter will need to lift the patient higher than the lifter at the legs.

6. The lifter at the back of the chair now assists the patient to a sitting position on the bed; if the patient is very weak, this person may need to hold the patient in the sitting position.

7. The lifter at the back of the chair now places his/her arms around the patient's shoulders and grasps the patient's forearms midway between the hands and elbows.

8. Both lifters widen the base of support by placing feet apart and bending knees and hips.

   NOTE: Do not bend the back.

9. The lifter at the legs places his/her arm that is toward the patient's head, as far under the patient's thighs as possible. The other arm supports the patient's lower legs at the ankles.

   NOTE: This allows more weight of the patient to be lifted by the person at the legs.

10. Instruct the patient to pull his/her elbows toward his/her ribs as the lift takes place.

    NOTE: This will stabilize the patient's shoulders for the lift.

11. On the count of three, both lifters straighten their hips and knees, lifting and placing the patient in the chair or on the bed.

    NOTE: A prearranged verbal cue system must be established prior to actually lifting the patient.

SUMMARY AND CONCLUSION:

Review steps of procedure.

LESSON PLAN: 4

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

EVALUATION ITEMS

NAME OF STUDENT: ____________________

TWO PERSON LIFT

Equipment:

1. Wheelchair
2. Bed or elevated mat
3. One additional lifter

DID THE STUDENT:	YES	NO
1. Place the wheelchair parallel to or slightly diagonal to the side of the bed.		
2. Lock the brakes of the chair.		
3. Remove the arm of the wheelchair next to bed.		
4. Swing away or remove the legrests.		
5. Take the position of the taller person at the back of the patient, lifting the patient higher than the lifter at the legs.		
6. As the lifter at the back of the chair, assist the patient to a long sitting position on the bed.		
7. As the lifter at the back of the chair, place arms under the patient's shoulders and grasp the patient's forearms midway between the hands and elbows.		
8. Widen the base of support by placing feet apart and bending knees and hips (not bending the back).		

		YES	NO
9.	Take the position of the lifter at the legs, placing arm that is toward the patient's head, as far under the patient's thighs as possible, while the other arm supports the patient's lower legs at the ankles.		
10.	Instruct the patient to pull his/her elbows toward her/his ribs as the lift takes place.		
11.	On the count of three, straighten hips and knees, lifting and placing the patient in the chair or on the bed.		

The student has satisfactorily completed both lifter positions of the procedure "TWO PERSON LIFT" according to the steps outlined.

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 5

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

SCOPE OF UNIT:

This unit presents information and practice for safely assisting patients when moving from one surface to another. It includes safety tips for ensuring protection of the aide and the patient, in addition to various techniques for transferring different types of patients.

INFORMATION TOPIC: OR DEMONSTRATION: X

ONE PERSON PIVOT TRANSFER
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Perform a one person pivot transfer according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Wheelchair
2. Bed, elevated mat or other chair
3. Walking belt

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston, VA: Reston Publishing Co., 1984. pp. 104-105.

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

Sometimes patients who can bear weight on the lower extremities but have no muscle control of the legs will need to be moved from bed to wheelchair or from a wheelchair to an elevated mat for treatment. An example is the paraplegic patient. This lesson will give practice in the one person pivot transfer. The patient will be moved from the wheelchair to the mat and returned.

LESSON PLAN: 5

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

STEPS OF PROCEDURE:

NOTE: The one person pivot transfer is used for a patient who can bear weight on the lower extremities but has no voluntary control of the lower extremities.

1. Place a walking belt around the patient's waist.
2. Place the wheelchair and patient parallel to the surface being transferred to.
3. Lock the brakes of the wheelchair.
4. If possible remove the armrest on the transfer side.
5. Lift, swing away or remove both footrests.
6. Slide the patient forward in the chair by hooking your arm behind the patient's knees and pulling while pushing on the wheelchair seat with the other hand.
7. Block the patient's feet by placing your feet in a "V" in front of his/her feet.
8. Squat slightly and place your knees at the front and slightly outside the patient's knee caps (patella).
9. Lean the patient forward and ask him/her to place their arms around your shoulders (not your neck).

   NOTE: The patient's head should be on your shoulder, opposite the direction of the transfer.
10. Reach around the patient and grasp the belt (or place your hands under the patient's buttocks).
11. Rock back (do not lift) and pull the patient's hips toward you while blocking his/her knees with your knees.

    NOTE: As you rock back the patient will begin to rise from the chair.
12. Stand the patient just far enough to clear the wheel of the chair.
13. Pivot the patient while continuing to block his/her knees (to prevent falling).
14. Once pivoted, slowly squat and lean back as you lower the patient to the transfer surface.

SUMMARY AND CONCLUSION:

Review steps of procedure.

LESSON PLAN: 5

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

INTERACTION ITEMS:

1. How is the wheelchair position different from the one person pivot transfer than for the two person transfer?

2. When does the patient reach around the aide's shoulders during the one person pivot transfer?

3. When does the aide actually lift the patient during this transfer?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. Have the learners practice the one person pivot transfer in pairs, making sure they are levering and not lifting.

LESSON PLAN: 5

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

EVALUATION ITEMS

NAME OF STUDENT: ____________________

ONE PERSON PIVOT TRANSFER

Equipment:

1. Wheelchair
2. Bed, elevated mat or chair
3. Walking belt

DID THE STUDENT:	YES	NO
1. Place a walking belt on the patient.		
2. Place the wheelchair correctly for this transfer.		
3. Lock the wheelchair brakes.		
4. Remove the armrest if possible.		
5. Lift, swing away or remove the footrests.		
6. Move the patient forward in the chair.		
7. Block the patient's feet and knees correctly.		
8. Lower the center of gravity by squatting.		
9. Lean the patient forward and ask him/her to grasp around aide's shoulders.		
10. Reach around and grasp the walking belt, or place hands under patient's buttocks.		
11. Rock back - not lift - and lever the patient up.		

		YES	NO
12.	Stand patient far enough to clear the wheel of the chair.		
13.	Pivot while blocking the patient's knees.		
14.	Lower the patient to transfer surface using good body mechanics.		

The student has satisfactorily completed the procedure "ONE PERSON PIVOT TRANSFER" according to the steps outlined.

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 6

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

SCOPE OF UNIT:

This unit presents information and practice for safely assisting patients when moving from one surface to another. It includes safety tips for ensuring protection of the aide and the patient, in addition to various techniques for transferring different types of patients.

INFORMATION TOPIC: OR DEMONSTRATION: X

PNEUMATIC LIFT TRANSFER
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Perform a pneumatic lift transfer according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Penumatic lift and sling
2. Wheelchair
3. Bed or elevated mat

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston, VA: Reston Publishing Co., 1984. pp. 94-99.

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

Sometimes a patient is totally dependent or is too heavy for a safe "person to person" transfer. If there is any doubt about the safety of the transfer, a pneumatic lift should be used. This lesson will prepare you to use the pneumatic lift in case it is needed.

LESSON PLAN: 6

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

STEPS OF PROCEDURE:

NOTE: The pneumatic lift transfer is used for a patient who is totally dependent or one who is too large for the aide to handle using other transfer methods.

Checking that the Pneumatic Lift is in Safe Working Order

1. Locate the long lever at the back of the lift, extending up from the base.

2. Turn or pull back and move it from one side to the other to increase or decrease the width of the base.

   NOTE: Increasing widens the base of support while decreasing allows for movement around wheelchairs or other equipment.

3. Turn the round (there may be minor variations from lift to lift) valve (on the front of the upright) clockwise to close and raise the lift.

4. Turn the same valve counterclockwise to open and lower the lift.

5. Always open the valve slowly.

6. Pump the handle on the front of the cylinder to raise the lift.

Preparing for Lift and Transfer

CAUTION: This should be performed as a two person procedure.

1. While the patient is in bed, roll him/her to one side.

2. Spread the canvas sling on the bed behind the patient so that the bottom of the sling is positioned slightly above the back of the knees and the top is lined up with the shoulders.

   NOTE: This alignment will depend on the physical size of the patient, but it is critical that the seat of the sling is properly placed so that the patient does not slide out.

3. Fold the sling in half lengthwise away from the patient, then fold the portion that is on top in half again so that the flaps with the grommets are pointed toward the patient's back.

4. Roll the patient on his/her other side so that the flaps with the grommets can be pulled out and the sling wil be spread out flat and positioned on the bed under the patient.

5. Roll the patient from his/her side onto his/her back so he/she is positioned in the middle of the sling.

6. Move the lift into the position so that the spreader bar is directly above the patient, being careful not to hit the patient with the bar.

7. Spread the base for stability.

8. Lock the brakes (if available).

9. When using chains, adjust the length of chain to the height of the patient.

10. When using chains, attach the short segment of chain to the upper part of the sling (patient's back) and the longer segment to the lower part (patient's seat).

11. When using a sling with chains that hook to the spreader bar, attach the chain hooks to the sling by hooking them from the inside to the outside so that the hooks point away from the patient.

    NOTE: This prevents patient injury.

12. When using a sling with sewn straps and rings that hook to the spreader bar, attach the sling straps to the sling by hooking them from the inside to the outside so that the hooks point away from the patient.

    NOTE: This prevents patient injury.

Lifting the Patient

1. Check to see if the valve is closed on the pneumatic cylinder (clockwise).

2. Pump the handle of the lift and raise the patient slowly.

   NOTE: Make sure that a safe sitting position is attained as the patient is raised.

Moving the Patient Over the Wheelchair

1. As soon as the patient's buttocks clear the bed, swing his/her feet over the edge of the bed.

2. Unlock the brakes of the lift (if available).

3. Slowly pull the lift away from the bed while steadying the patient.

4. From the front of the wheelchair, push the lift base on each side of the chair so that the patient is directly over the seat of the chair.

Lowering the Patient

1. Slowly turn the lift valve counter clockwise to lower the patient.
2. Apply a slight pressure horizontally to the patient's knees toward the back of the chair as the patient is lowered, to position the patient firmly against the back of the wheelchair seat.
3. Close the valve as soon as the patient is seated so that the spreader bar will not hit him/her.
4. Remove the hooks from the sling, leaving the sling under the patient for the return.
5. Move the lift away.
6. Place the patient's feet on the footrests.

SUMMARY AND CONCLUSION:

Review steps of procedure.

LESSON PLAN: 6

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

INTERACTION ITEMS:

1. What should the aide always remember about the valve on the pneumatic lift?
2. Why should the aide widen the base of the lift?
3. How is the patient seated all the way back in the wheelchair?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. Have learners pair up and practice the use of the pneumatic lift.

LESSON PLAN: 6

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT III PATIENT LIFTING AND TRANSFER TECHNIQUES

EVALUATION ITEMS

NAME OF STUDENT: ____________________

PNEUMATIC LIFT TRANSFER

Equipment:

1. Bed or elevated mat
2. Wheelchair
3. Pneumatic lift with sling and chains (if needed)

DID THE STUDENT:	YES	NO
Check that the Pneumatic Lift is in Safe Working Order		
1. Locate long lever at back of lift.		
2. Turn or pull back and move it from one side to the other to increase or decrease width of base.		
3. Turn the round valve clockwise to close and raise the lift.		
4. Turn the round valve counterclockwise to open and lower the lift.		
5. Always open valve slowly.		
6. Pump handle on the front of the cylinder to raise the lift.		
Prepare for Lift and Transfer		
1. While patient is in bed, roll him/her to one side.		
2. Spread the sling on the bed behind the patient in the correct position.		
3. Fold the sling correctly.		
4. Roll patient to other side and spread out sling under patient.		

		YES	NO
5.	Roll the patient onto his/her back to the middle of the sling.		
6.	Move the lift into the proper position so that spreader bar is directly above the patient.		
7.	Spread the base for stability.		
8.	Lock the brakes (if present).		
9.	When using chains, adjust the length of the chain to the height of the patient.		
10.	When using chains, attach the short segment of chain to the upper part of the sling (patient's back) and the longer segment to the lower part (patient's seat).		
11.	When using a sling with chains that hook to the spreader bar, attach the chain hooks to the sling by hooking them from the inside to the outside.		
12.	When using a sling with sewn straps and rings that hook to the spreader bar, attach the sling straps to the sling by hooking them from the inside to the outside.		
Lift the Patient			
1.	Check to see if the valve is closed on the pneumatic lifter.		
2.	Pump the handle of the lift and raise the patient slowly.		
3.	Make sure that a safe sitting position is attained as the patient is raised.		
Move the Patient Over the Wheelchair			
1.	As soon as the patient's buttocks clear the bed, swing his/her feet over the edge of the bed.		
2.	Unlock the brakes of the lift (if available).		
3.	Slowly pull the lift away from the bed while steadying the patient.		
4.	From the front of the wheelchair, push the lift base on each side of the chair so that the patient is directly over the seat of the chair.		

	YES	NO
Lower the Patient 1. Slowly turn the lift valve counterclockwise to lower the patient.		
2. Apply a slight pressure horizontally to the patient's knees toward the back of the chair as the patient is lowered, to position the patient firmly against the back of the wheelchair seat.		
3. Close the valve as soon as the patient is seated so that the spreader bar will not hit him/her.		
4. Remove the hooks from the sling, leaving the sling under the patient for the return.		
5. Move the lift away.		
6. Place the patient's feet on the footrests.		

The student has satisfactorily completed the procedure "PNEUMATIC LIFT TRANSFER" according to the steps outlined.

____

Instructor's Signature
(Verifying Satisfactory Completion)

____

(Date)

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

SCOPE OF UNIT:

This unit will present information and practice for the preparation of a patient for treatment by exposing the body part to be treated while also protecting the patient's modesty. It will include a description of draping, reasons for draping, situations when draping is appropriate and draping techniques.

INFORMATION TOPIC: X OR DEMONSTRATION:

DRAPING THE PATIENT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Define draping, as presented in class.
2. List three of the four reasons for draping.
3. Identify the types of patients needing to be draped.
4. Identify the eight hints for draping discussed in class.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Draping
2. TM 2: Reasons for Draping
3. TM 3: Patients in Need of Draping
4. HO 1: Rules for Draping

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Downer, Ann H. Physical Therapy Procedures - Selected Techniques. 2nd ed. Springfield, IL: Charles C. Thomas, 1975.

INTRODUCTION:

Removing clothes or a hospital gown (gown open in the back with only ties holding it together) for treatment is often necessary. To treat the patient, the therapist usually will need to expose the part that is to be treated. Draping is sometimes the responsibility of the aide. This lesson will provide the basic information for draping a patient in an acceptable manner for treatment as well as for the purpose of protecting his/her modesty.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

OUTLINE: (Key Points)

I. Draping (II-1)

A. Definition - to cover the patient so that adequate treatment may be provided with the least possible exposure for maintaining privacy and warmth (TM 1)

B. Reasons for Draping (TM 2) (II-2)

1. Exposes the area to be treated by the therapist

2. Protects the modesty of the patient

3. Prevents embarassment of the patient and others

4. Keeps the patient warm

II. Patients in Need of Draping (TM 3) (II-3)

A. Acute care

1. Massage patients

2. Modality patients using special equipment

a. Ultra sound

b. Diathermy

c. Moist heat packs

d. Ice packs

e. Electrical stimulation

B. Rehabilitation - exercise patients (on a mat in an open area)

III. Rules for Draping (HO 1)

A. Respect the patient's modesty. Each patient should be treated in private.

B. The amount and method of draping depend on:

1. Position of the patient
2. Warmth of the treatment room
3. Area being treated
4. Amount of clothing which must be removed

C. Provide the patient with a drape sheet or cotton bath blanket and request that the patient cover him/herself.

D. Expose only the area to be treated. Other patients, staff, or visitors may inadvertently look into the treatment booth.

E. The patient should not have to hold the draping around him/her.

F. The draping should be secure but not tight.

G. Use material such as terry cloth or Turkish toweling to cover genital and breast areas. These areas should never be exposed unless it is absolutely necessary.

H. Keep the patient warm.

IV. Summary and Conclusions

A. Draping

B. Patients in need of draping

C. Rules for draping

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

INTERACTION ITEMS: IV-1

1. What is meant by "draping?"
2. What are some reasons for draping a patient?
3. What types of patients might need draping?

CLASSROOM, LABORATORY, OTHER ACTIVITIES:

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

EVALUATION ITEMS

1. Define draping according to the definition given in class.

2. List three (3) of the four main reasons for draping a patient.

   a. ______________________

   b. ______________________

   c. ______________________

3. Put an "X" on the blank next to the description of those patients that would need to be draped.

   ______ a. A patient in street clothes who is learning to walk with crutches.

   ______ b. A patient who needs a low back massage.

   ______ c. A patient who is to receive ultra sound to the right shoulder.

   ______ d. A patient on a mat in the gym area who is to receive leg exercise.

For each of the following, place a "T" in the blank if the statement is true or an "F" if it is false.

______ 4. When draping a patient, you should expose only the area to be treated.

______ 5. The patient should hold the draping to keep it in position.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

ANSWERS TO EVALUATION ITEMS

1. To cover the patient so that adequate treatment may be provided with the least possible exposure.

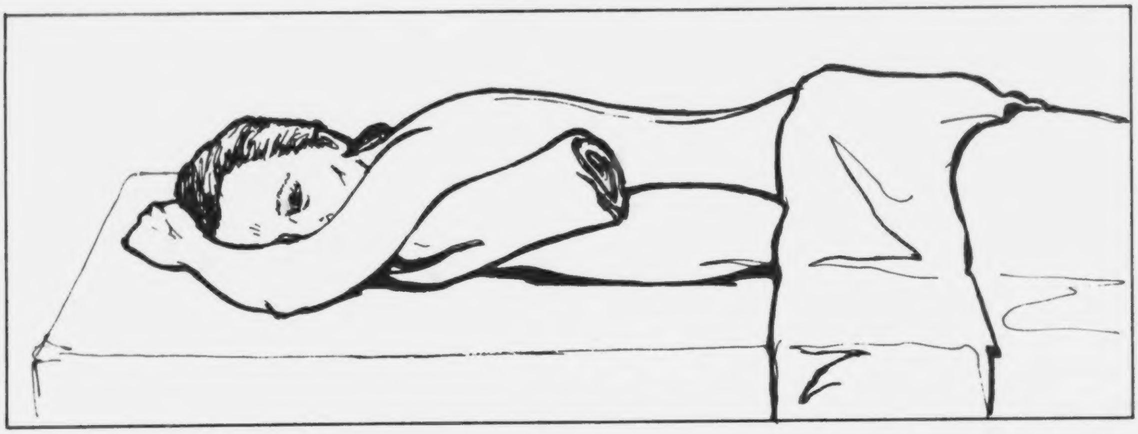
2. Any three of these four answers:

   a. Exposes the area to be treated by the therapist
   b. Protects the modesty of the patient
   c. Prevents embarassment of the patient and others
   d. Keeps the patient warm

3. ___ a.
   _x_ b.
   _x_ c.
   _x_ d.

4. T
5. F

Draping



Cover the patient so that adequate treatment may be provided with the least possible exposure.

Reasons for Draping

1. Exposes the Area to be Treated
2. Protects Modesty
3. Prevents Embarrassment
4. Keeps Patient Warm

Patients in Need of Draping

1. Massage
2. Modality
3. Rehabilitation

RULES FOR DRAPING

1. Respect the patient's modesty. Each patient should be treated in private.
2. The amount and method of draping depend on:
    a. Position of the patient
    b. Warmth of the treatment room
    c. Area being treated
    d. Amount of clothing which must be removed
3. Provide the patient with a drape sheet or cotton bath blanket and request that the patient cover him/herself.
4. Expose only the area to be treated. Other patients, staff, or visitors may inadvertently look into the treatment booth.
5. The patient should not have to hold the draping around him/her.
6. The draping should be secure but not tight.
7. Use material such as terry cloth or Turkish toweling to cover genital and breast areas. These areas should never be exposed unless it is absolutely necessary.
8. Keep the patient warm.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

SCOPE OF UNIT:

This unit will present information and practice for the preparation of a patient for treatment by exposing the body part to be treated while also protecting the patient's modesty. It will include a description of draping, reasons for draping, situations when draping is appropriate and draping techniques.

INFORMATION TOPIC: OR DEMONSTRATION: X

SPECIFIC DRAPING TECHNIQUES
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Drape a patient for treatment according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Treatment table
2. Sheets
3. Towels
4. Pillows and pillow covers
5. HO 1: Draping for Upper Extremity or Shoulder Treatment
6. HO 2: Draping for Lower Extremity Treatment or Exercise
7. HO 3: Draping for Back Treatment

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Downer, Ann H. Physical Therapy Procedures - Selected Techniques. 2nd ed. Springfield, IL: Charles C. Thomas, 1975.

INTRODUCTION:

Draping is one of the most important parts of a patient's treatment. If done properly, the patient will feel comfortable and the treatment can be performed without undue exposure of the patient. This demonstration lesson will provide you with the basic techniques for draping most patients.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

STEPS OF PROCEDURE:

Draping for Upper Extremity or Shoulder Treatment: Sitting Position (HO 1)

1. If the patient is in a hospital gown, have him/her remove his/her arm from the sleeve on the side to be treated.
2. Tie the gown under the armpit so the shoulder and arm are exposed.

Draping for Upper Extremity or Shoulder Treatment: Lying Supine (HO 1)

1. Have the patient lie supine.
2. Cover the patient with a sheet.
3. Lift the arm to be treated to the outside of the sheet and pull sheet up into armpit.

Draping for Lower Extremity Treatment or Exercise (HO 2)

1. Have the patient lie supine.
2. Cover the patient with the sheet.
3. Pull the sheet to the midline between legs.
4. Lift the leg to be treated.
5. Place the lower corner of the sheet under the leg to be treated.
6. Wrap the corner of the sheet around the leg and place on patient's waist.

   NOTE: This exposes the lower extremity but keeps the patient's genital area covered.

Draping for Back Treatment (HO 3)

1. Have the patient lie prone.
2. Place pillow under abdomen for comfort.
3. Place a rolled towel under front of ankles for comfort.
4. Cover the patient with a sheet.

5. Pull the sheet down to expose as much of the patient's back as needed.

6. If upper back is not to be treated a towel may be placed over upper back.

7. If upper back is to be treated also, and if the patient is female, place rolled towels at the side of the breasts.

SUMMARY AND CONCLUSION:

Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

INTERACTION ITEMS:

1. In draping for lower extremity treatment, why is it important to pull the sheet all the way under and around the leg?

2. If the patient is female and the entire back is to be treated, what will be the patient's concern regarding privacy?

CLASSROOM, LABORATORY OR OTHER ACTIVITIES:

1. Have the students practice in pairs each of the draping techniques.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IV DRAPING TECHNIQUES

EVALUATION ITEMS

NAME OF STUDENT: ______________________________

SPECIFIC DRAPING TECHNIQUES

Equipment:

1. Treatment Table
2. Sheets
3. Towels
4. Pillows and pillow covers

DID THE STUDENT:	YES	NO
Drape for Upper Extremity or Shoulder Treatment: Sitting Position		
1. If the patient is in a hospital gown, have him/her remove his/her arm from the sleeve on the side to be treated.		
2. Tie the gown under the armpit so the shoulder and arm are exposed.		
Drape for Upper Extremity or Shoulder Treatment		
1. Have the patient lie supine.		
2. Cover the patient with a sheet.		
3. Lift the arm to be treated to the outside of the sheet and pull sheet up into armpit.		
Drape for Lower Extremity Treatment or Exercise		
1. Have the patient lie supine.		
2. Cover the patient with the sheet.		
3. Pull the sheet to the midline between legs.		
4. Lift the leg to be treated.		

DID THE STUDENT:	YES	NO
5. Place the lower corner of the sheet under the leg to be treated.		
6. Wrap the corner of the sheet around the leg and place on patient's waist.		
Drape for Back Treatment		
1. Have the patient lie prone.		
2. Place pillow under abdomen for comfort.		
3. Place a rolled towel under front of ankles for comfort.		
4. Cover the patient with a sheet.		
5. Pull the sheet down to expose as much of the patient's back as needed.		
6. If upper back is not to be treated a towel may be placed over upped back.		
7. If upper back is to be treated also, and if the patient is female, place rolled towels at side of the breasts.		

The student has satisfactorily completed the procedure "SPECIFIC DRAPING TECHNIQUES" according to the steps outlined.

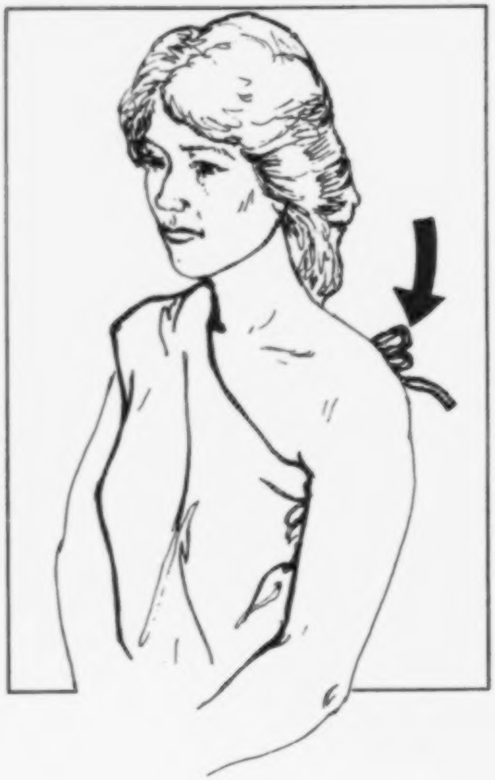
____

Instructor's Signature
(Verifying Satisfactory Completion)

____

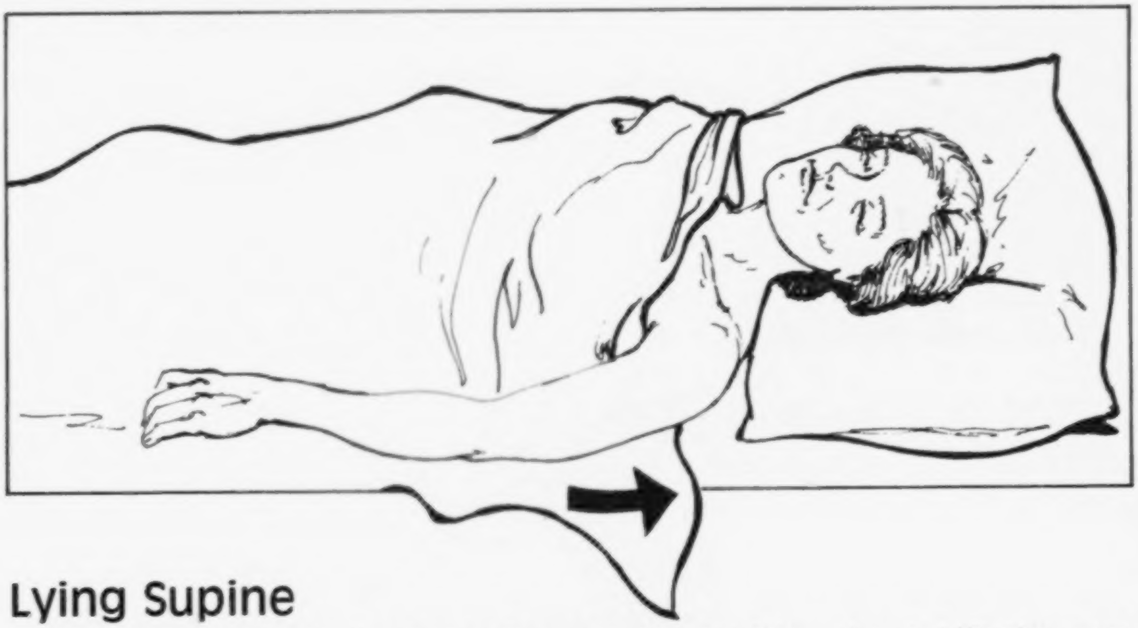
(Date)

Draping for Upper Extremity or Shoulder Treatment



Sitting Position

If the patient is in a hospital gown, have the patient remove the arm from the sleeve on the side to be treated, then tie the gown under the arm pit so the shoulder and arm are exposed.

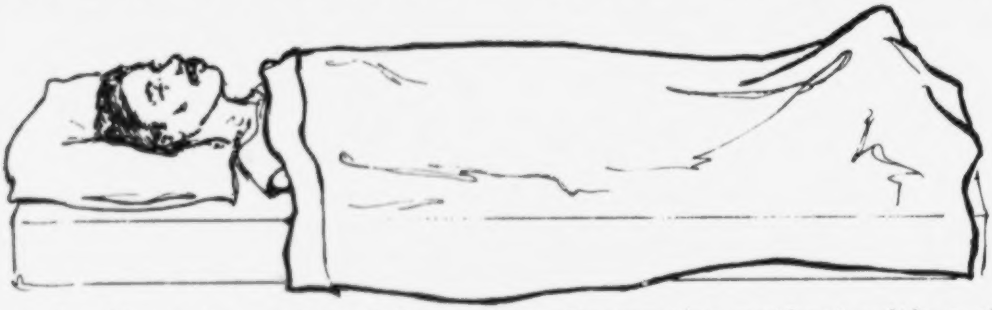


Lying Supine

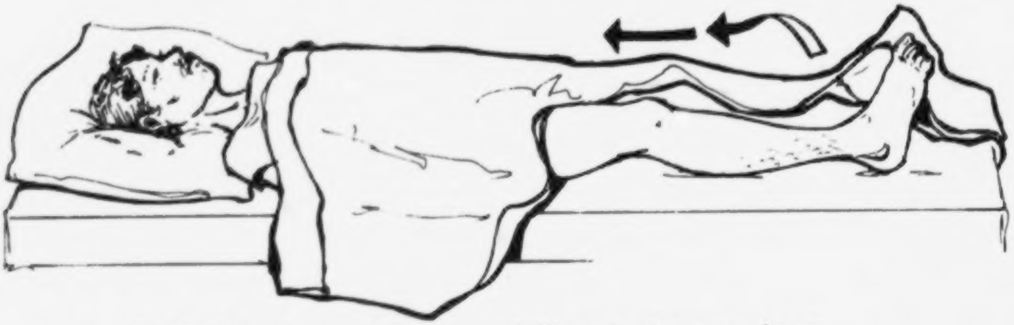
Have the patient lie down. Cover patient with a sheet. Lift the arm to be treated and pull the sheet up into the arm pit.

HO 2

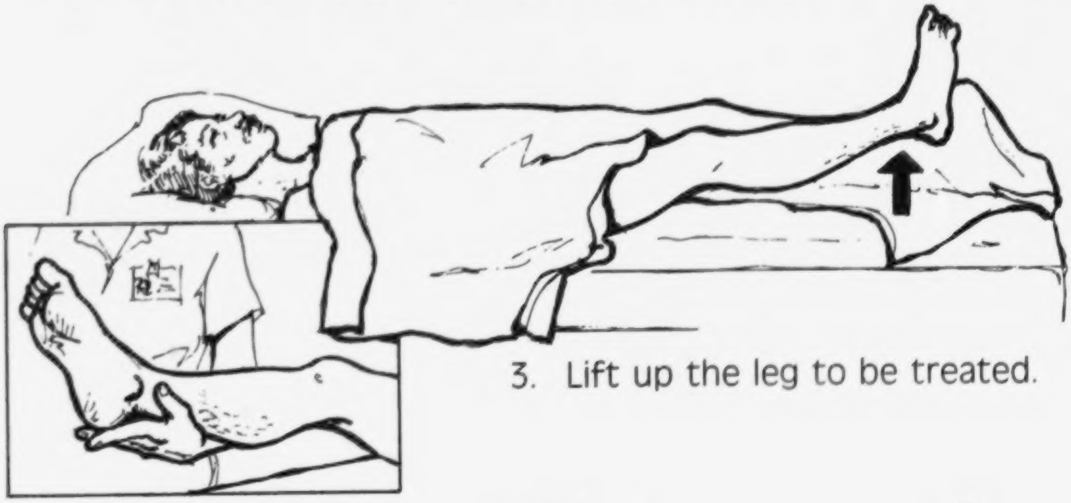
Draping for Lower Extremity Treatment or Exercise



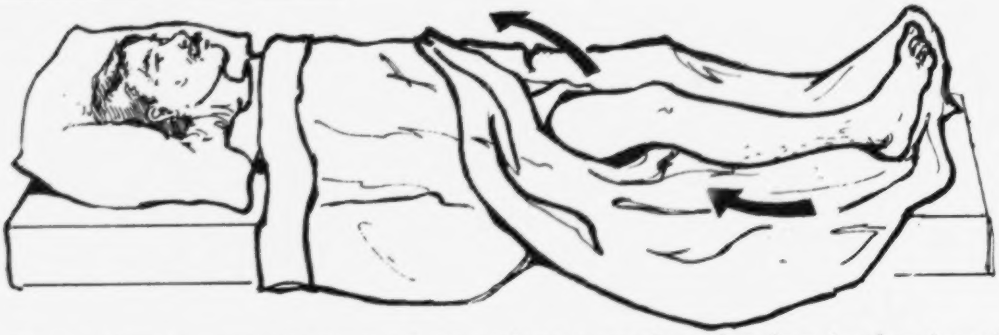
1. Have the patient lie supine. Cover the patient with a sheet.



2. Pull the sheet to the midline between legs.

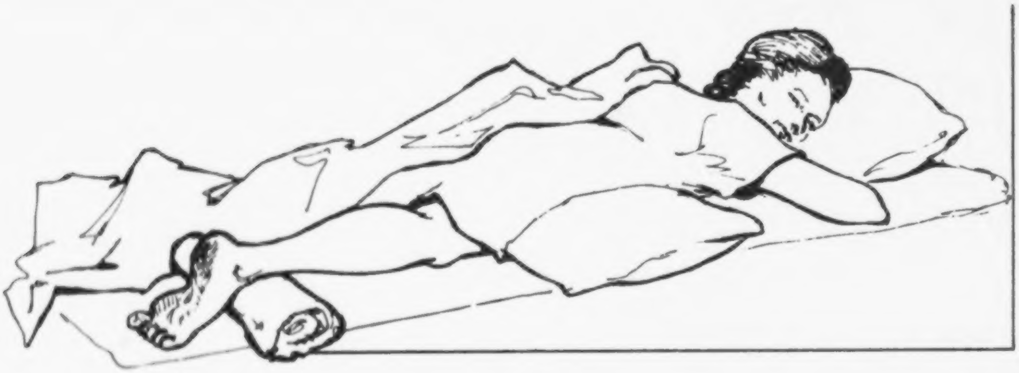


3. Lift up the leg to be treated.

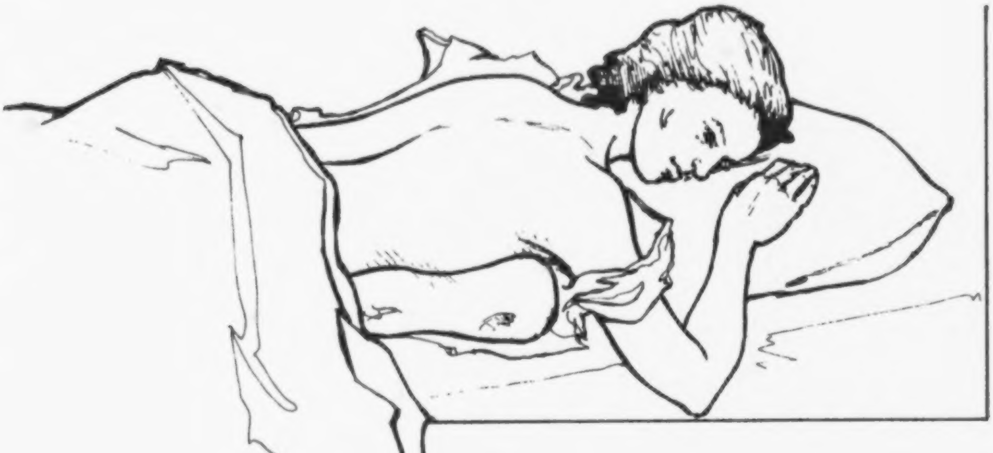


4. Place the lower corner of the sheet under the leg to be treated. Wrap the corner of the sheet around the leg and place it on patient's waist.

Draping for Back Treatment



Have the patient lie prone. Place a pillow under the patient's abdomen for comfort. Also place a rolled towel under the front of the ankles for comfort. Cover the patient with a sheet.



Pull the sheet down to expose as much of the patient's back as needed for treatment. If the upper back is not to be treated, a towel may be placed over the upper back. If the upper back is to be treated also, and if the patient is female, place rolled towels at the side of the breasts.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

SCOPE OF UNIT:

This unit will present the basic equipment found in most physical therapy departments and how it is usually stored. Descriptions will cover heating and cooling devices, exercise equipment, assistive devices and other miscellaneous equipment.

INFORMATION TOPIC: X OR DEMONSTRATION:

HEATING AND COOLING EQUIPMENT
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify types of heating and cooling equipment.
2. Identify the characteristics of and guidelines for superficial heats (moist heat packs, paraffin, infrared).
3. Identify the characteristics of and guidelines for deep heats (ultrasound, shortwave diathermy, microwave diathermy).
4. Identify the characteristics of and guidelines for cold therapy (commercial cold packs, ice).

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO I: Heating and Cooling Equipment
2. Catalogs
   a. Equipment for Health Care and Rehabilitation, J.A. Preston Corporation, 71 Fifth Ave., New York, NY 10003
   b. Physical Medicine and Rehabilitation Equipment, Sports Medicine Equipment, G.E. Miller, Inc. 484 South Broadway, PO Box 266, Yonkers, NY 10705
   c. Chattanooga Corporation, 101 Memorial Drive, PO Box 4287, Chattanooga, TN 37405

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Downer, Ann H. Physical Therapy Procedures - Selected Techniques. 2nd ed. Springfield, IL: Charles C. Thomas, 1975.

INTRODUCTION:

The kinds of physical therapy equipment found in departments is dependent upon the types of patients seen by personnel in that department. There is, however, some consistency in basic equipment that can be found in nearly all departments. Identifying, retrieving, and returning a piece of equipment for a physical therapist or an assistant can be responsibilities of the aide. This lesson will present heating and cooling devices often found in the physical therapy department.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

OUTLINE: (Key Points)

I. Superficial Heating (HO I)

  A. Superficial heating - heating the patient's outer layers of tissue for relaxation, increased circulation, or pain relief

  B. This equipment is usually kept in a quiet area, with curtained booth areas for patient privacy.

  C. Superficial heating equipment

    1. Moist heat packs (II-1)

      a. Contain silicone gel

      b. Heated in water to approximately 180°F

      c. Will hold heat for approximately 30 minutes

      d. Wrapped in 10-12 layers of towel or a cover to slowly release the heat (less wrapping will burn patient)

      e. Treatment time 20-30 minutes

    2. Infrared lamp (II-2)

      a. Radiated heat from a bulb or element

      b. Positioned 18-24 inches above the area being treated

      c. Treatment time 20-30 minutes

    3. Melted paraffin

      a. Special wax and mineral oil mixture

      b. Temperature 127° - 130°F

      c. Good for irregular-shaped areas

      d. Dipped or painted on

      e. Wrapped in towels

f. Treatment time 20-30 minutes

II. Deep Heating (HO 1)

A. When the injury is within the deep layers of tissue, such as the joints or muscle, deep forms of heat are needed to increase circulation for healing.

B. Deep heating equipment (II-3)

1. Ultrasound

a. High frequency sound waves that produce heat by molecular vibration

b. Need for a coupling medium such as a gel or water

c. Good heating of protein (muscle)

d. Treatment time usually 5 minutes or less

2. Short wave diathermy

a. Electromagnetic field causes heat in tissue

b. Does not work well over fat tissue

c. Treatment time 20-30 minutes

3. Microwave diathermy

a. Radiation of microwaves causes heat in tissue (like microwave ovens)

b. Patient not touched by the machine

c. Treatment time 20-30 minutes

III. Cooling (HO 1)

A. Cold has shown to be very beneficial as a physical therapy treatment.

1. Slows swelling

2. Reduces swelling already present

3. Causes numbing of the area, reducing pain

B. Cooling equipment is kept in a quiet, curtained booth area.

C. Cooling equipment

1. Commercial cold packs

a. Contain silicone gel

        - b. Similar to moist heat packs but frozen at 0°F (instead of heated)
        - c. Wrapped in only one layer of towel
        - d. Treatment time up to 15 minutes or until area is numb
    - 2. Ice packs
        - a. Crushed ice in a plastic bag
        - b. Wrapped in one layer of towel
        - c. Treatment time up to 15 minutes or until area is numb
    - 3. Ice massage
        - a. Ice cube frozen in a disposable cup
        - b. Used directly on the skin
        - c. Rubbed in circles
        - d. Time of treatment - until area is numb

IV. Summary and Conclusion

- A. Superficial heating
- B. Deep heating
- C. Cooling

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

INTERACTION ITEMS:

1. How hot do you think moist heat packs are?
2. What produces infrared heating?
3. How is the paraffin applied to the patient?
4. What deep heat method heats muscle best?

CLASSROOM, LABORATORY, OTHER ACTIVITIES:

1. Discuss HO I, Heating and Cooling Equipment, with the class.

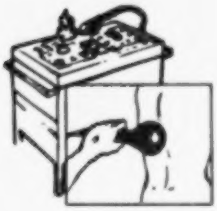
LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

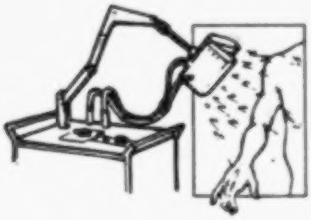
UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

EVALUATION ITEMS

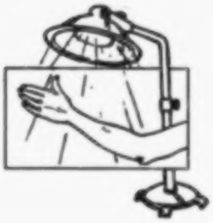
I. Write the name of each piece of equipment in the blank under its picture.



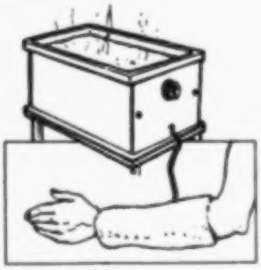
A. ____________



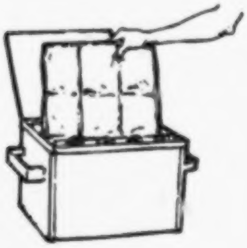
B. ____________



C. ____________

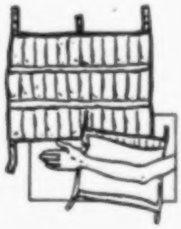


C. ____________



0°F

E. ____________



180°F

F. ____________

Circle the correct answer under each of the following:

2. Moist heat packs are usually wrapped in:

   a. 1 layer of towel
   b. 10 - 12 layers of towel
   c. 2 - 4 layers of towel
   d. 4 layers of towel

3. Treatment times for the superficial heats are:

   a. Until pain decreases
   b. 6 - 10 minutes
   c. Up to 15 minutes
   d. 20 - 30 minutes

4. The temperature of melted parrafin used in superficial heat treatment is:

   a. 0°F
   b. 90° - 100°F
   c. 127° - 130°F
   d. 180°F

5. Ultrasound treatment is based on the principle that:

   a. Low frequency sound waves produce heat by molecular vibration.
   b. Treatment must be administered in a soundproof booth.
   c. Heat in the tissue is generated by high levels of microwaves.
   d. High frequency sound waves produce heat by molecular vibration.

6. Deep heating treatments are usually the prescribed type of treatment in cases of:

   a. Injury occurring in the inner, deep layers of tissue, such as the joints or muscle
   b. Injury occurring in the outer layers of tissue
   c. Frostbite
   d. Tension headaches

7. Commercial cold packs are usually wrapped in:

   a. 1 layer of plastic
   b. 1 layer of towel
   c. 10 layers of plastic
   d. 12 layers of towel

8. Ice pack treatments are usually administered for:

   a. 1 hour
   b. 10 seconds
   c. 15 minutes or until area is numb
   d. As long as the patient wants to stay

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

ANSWERS TO EVALUATION ITEMS

1. A. Ultrasound machine
   B. Shortwave diathermy machine
   C. Paraffin bath
   D. Infrared lamp
   E. Commerical cold pack
   F. Moist heat pack

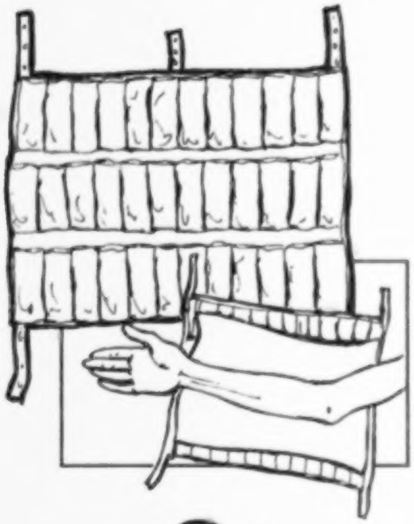
2. b
3. d
4. c
5. d
6. a
7. b
8. c

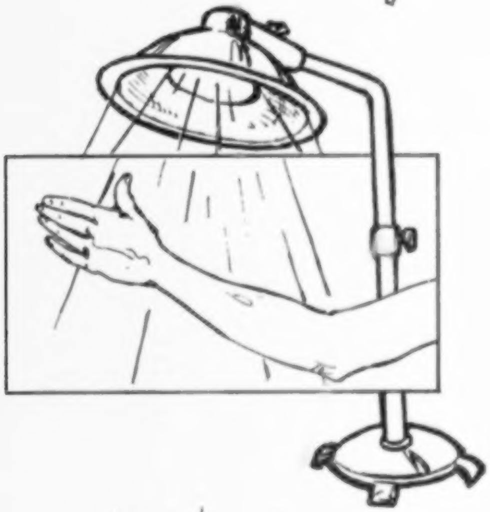
Heating and Cooling Equipment

Superficial Heats

Moist Heat Packs

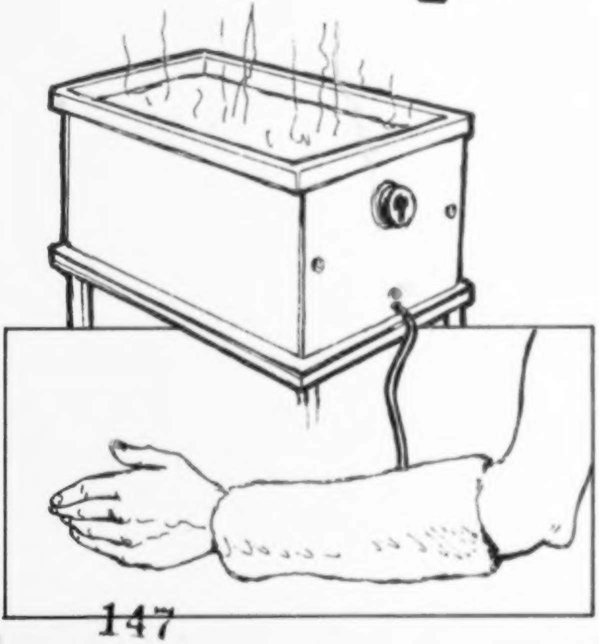
1. Contain silicone gel
2. Heated to 180° F
3. Holds heat approximately 30 minutes
4. Wrapped in 10-12 layers of towels or cover
5. Treatment usually 20-30 minutes





Infrared Lamp

1. Heat radiated from bulb or element
2. 18-24 inches above patient
3. Treatment usually 20-30 minutes

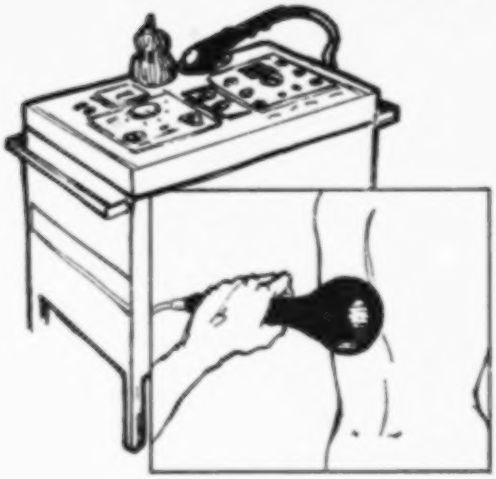


Melted Paraffin

1. Special wax and mineral oil
2. Temperature 127°-130° F
3. Good for irregular shapes
4. Dipped or painted on
5. Wrapped in towels
6. Treatment usually 20-30 minutes

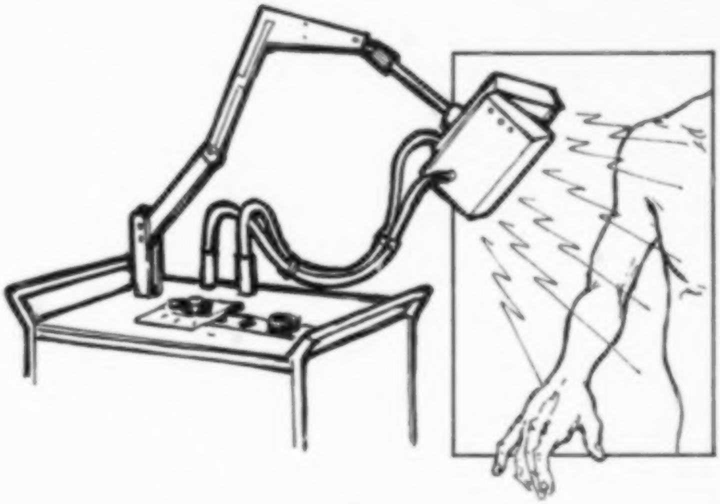
Superficial Heats Usually Used and Stored in the Booth Area

Deep Heats



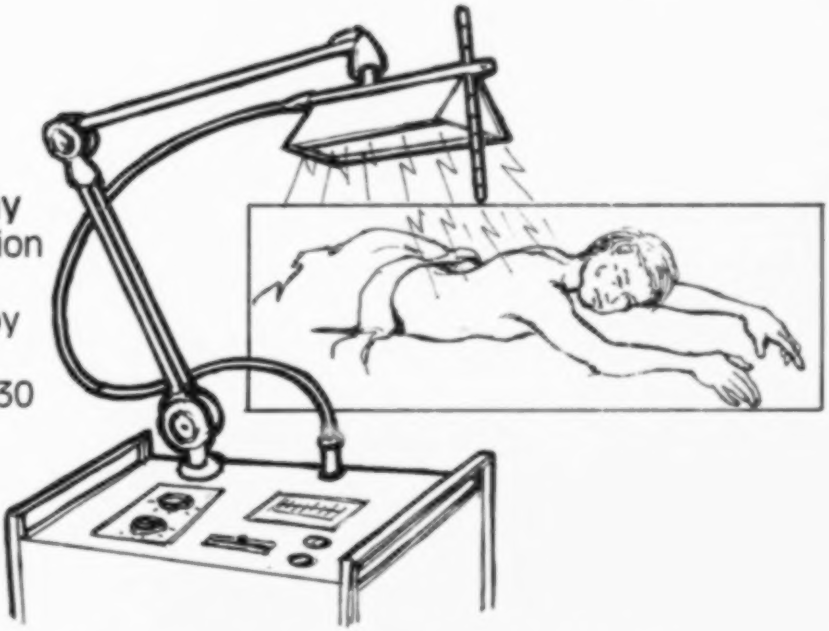
Ultrasound

1. High frequency sound waves heat by molecular vibration
2. Need for a coupling medium (gel or water)
3. Good heating of protein (muscle)
4. Treatment time short (usually 5 minutes)



Shortwave Diathermy

1. Electromagnetic field causes heat in tissue
2. Does not work well over fat tissue
3. Treatment usually 20-30 minutes

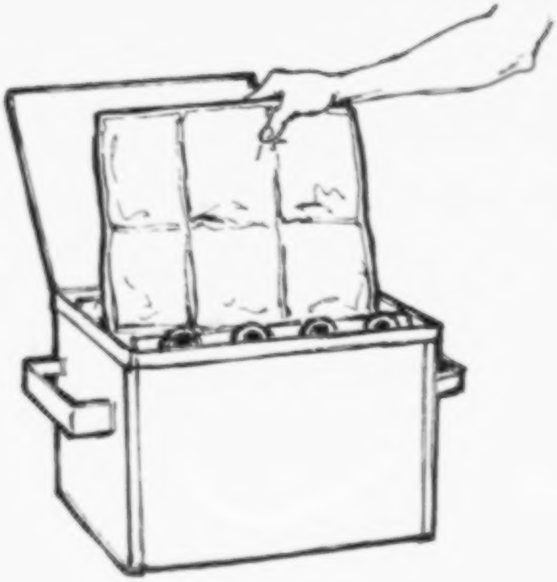


Microwave Diathermy

1. Heat caused by radiation of microwaves
2. Patient not touched by machine
3. Treatment usually 20-30 minutes

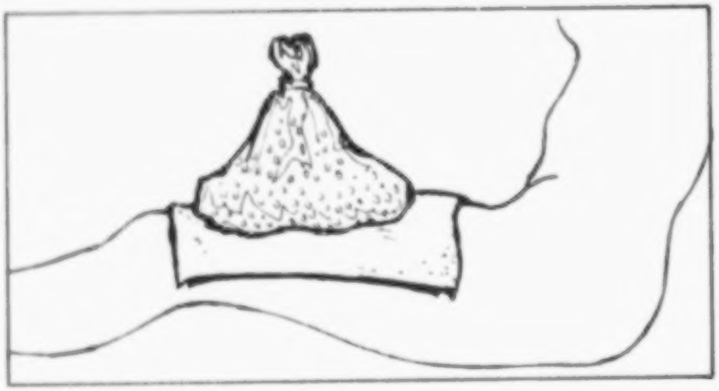
Deep Heats Usually Used and Stored in the Booth Area

Cooling



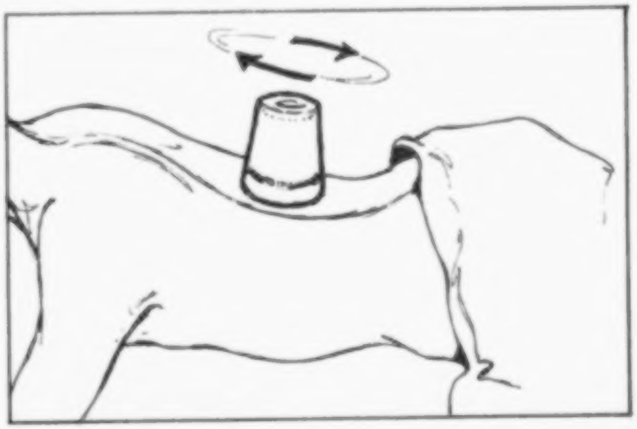
Commercial Cold Packs

1. Contain silicone gel
2. Similar to moist heat packs but frozen at 0° F
3. Wrapped in only one layer of thin towel
4. Treatment up to 15 minutes or until numb



Ice Packs

1. Crushed ice in plastic bag
2. Wrapped in one layer of towel
3. Treatment up to 15 minutes or until numb



Ice Massage

1. Ice cube frozen in a disposable cup
2. Used directly on skin
3. Rubbed in circles
4. Treatment until area is numb

Cold Modalities Used and Stored in the Booth Area

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

SCOPE OF UNIT:

This unit will present the basic equipment found in most physical therapy departments and how it is usually stored. Descriptions will cover heating and cooling devices, exercise equipment, assistive devices and other miscellaneous equipment.

INFORMATION TOPIC: X OR DEMONSTRATION:

EXERCISE EQUIPMENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Match exercise equipment used in the physical therapy department to the correct description.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Tilt Table
2. TM 2: Parallel Bars
3. TM 3: Mats (Plain and Platform)
4. TM 4: Weights
5. TM 5: N-K Table
6. TM 6: Orthotron Unit
7. TM 7: Cybex Unit
8. HO 1: Gym Equipment

9. Catalogs

   a. Equipment for Health Care and Rehabilitation, J.A. Preston Corporation, 71 Fifth Ave., New York, NY 10003

   b. Physical Medicine and Rehabilitation Equipment, Sports Medicine Equipment, G.E. Miller, Inc. 484 South Broadway, PO Box 266, Yonkers, NY 10705

   c. Chattanooga Corporation, 101 Memorial Drive, PO Box 4287, Chattanooga, TN 37405

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Downer, Ann H. Physical Therapy Procedures - Selected Techniques. 2nd ed. Springfield, IL: Charles C. Thomas, 1975.

INTRODUCTION:

Exercise equipment is usually stored and used in the gymnasium area. This lesson will introduce the basic exercise equipment usually found in the physical therapy gym. The equipment may consist of less expensive small items (such as sand bags used for increasing strength) to very expensive equipment (such as an isokinetic testing and exercise machine that improves strength and endurance at the same time).

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

OUTLINE: (Key Points)

I. Tilt Table (TM 1) (HO 1)

   A. Used to reorient patients to the standing position

   B. Patient held on by straps (chest, hips, knees)

   C. Raised in increments to achieve full standing position

   D. May also be used to achieve standing without flexing hips (example - for total hip replacement)

II. Parallel Bars (TM 2) (HO 1)

   A. Used to prepare patients for gait with advanced assistive devices or independent gait

   B. Can teach the gait pattern before leaving the bars

   C. Therapist stands inside the bars with the patient

III. Mats (TM 3) (HO 1)

   A. May be placed on the floor or be on an elevated platform

   B. Uses

      1. Exercise

      2. Rolling

      3. Sitting

      4. Coordination

IV. Weights (TM 4) (HO 1) (II-1)

   A. Different types

      1. Barbells (II-2)

        2. Sandbags
        3. Wall pulleys
        4. Over-the-mat pulleys
    B. Type used depends upon the patient and the patient's problem
    C. Used to increase strength

V. N-K table (TM 5) (HO 1)
    A. Used to strengthen knee extensors and flexors
    B. Can be set up to stretch tight knee extensors and flexors
    C. Weight increased as strength increases

VI. Orthotron unit (TM 6) (HO 1)
    A. Isokinetic machine for exercise
    B. Used mostly for knee rehabilitation (can also be set up for other joints)

VII. Cybex unit (TM 7) (HO 1)
    A. Isokinetic testing and exercise machine
    B. Has built-in computer for testing
    C. Can be set up for all joints
    D. Expensive

VIII. Summary and Conclusion
    A. Tilt table
    B. Parallel bars
    C. Mats
    D. Weights
    E. N-K table
    F. Orthotron unit
    G. Cybex unit

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

INTERACTION ITEMS:

1. What different kinds of weights are used in physical therapy?

2. Where would exercise equipment usually be located in a physical therapy department?

CLASSROOM, LABORATORY, OTHER ACTIVITIES:

1. Follow HO I with the class.

2. As a fieldtrip, visit a local physical therapy department and examine exercise and gym equipment.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

EVALUATION ITEMS

Match the equipment description or name to the correct picture by placing the identifying letter in the appropriate blank.

______ 1. For a patient who has not stood up for a long time

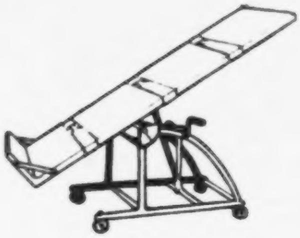
______ 2. N-K

______ 3. Where initial gait training takes place

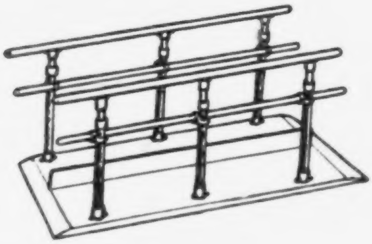
______ 4. Isokinetics

______ 5. Used to learn rolling

______ 6. Used to increase arm strength



A.



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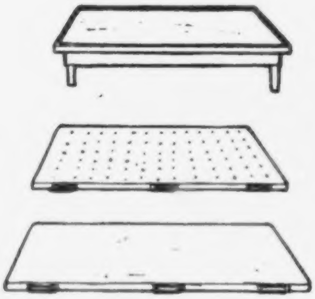

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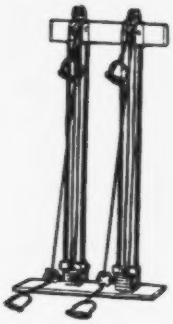

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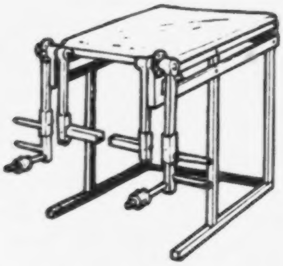

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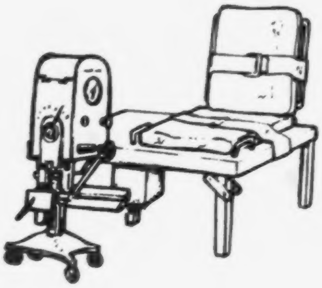


F.

LESSON PLAN: 2

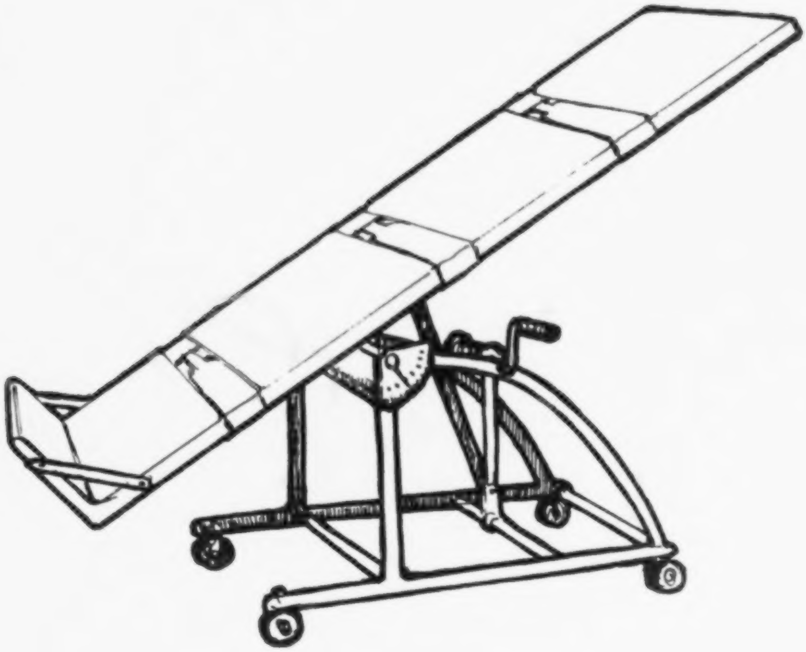
COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

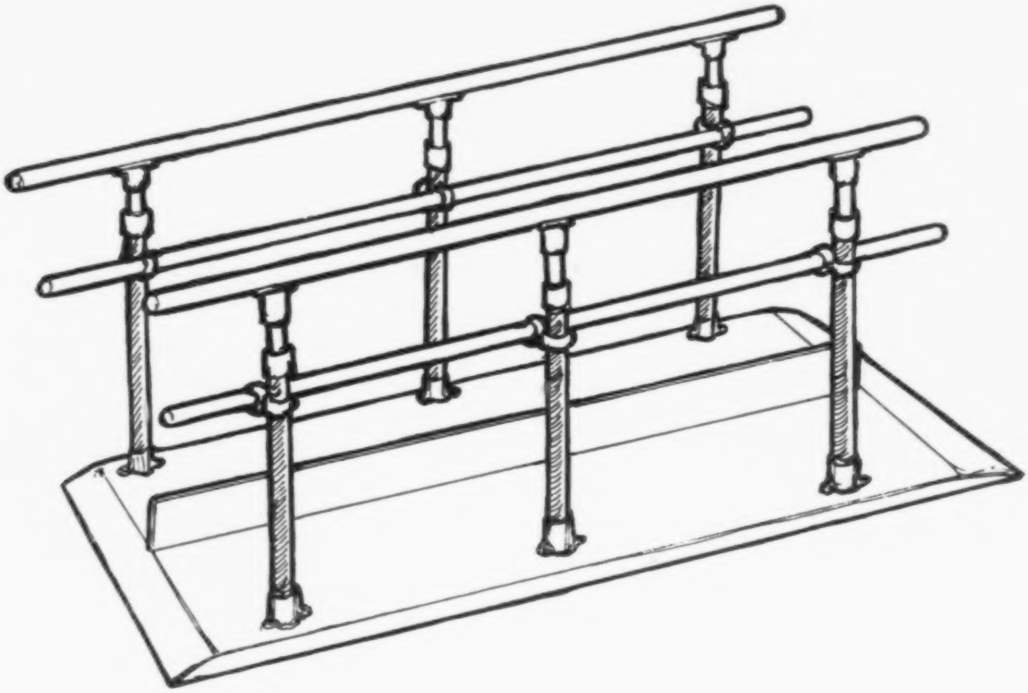
ANSWERS TO EVALUATION ITEMS

1. A
2. E
3. B
4. F
5. C
6. D

Tilt Table

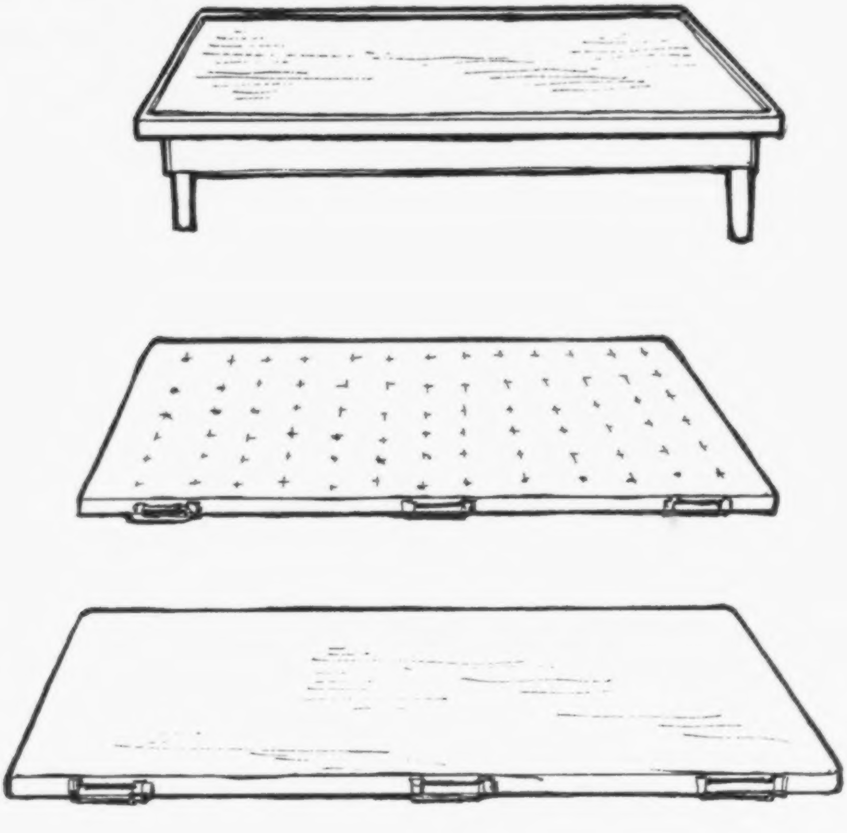


Parallel Bars



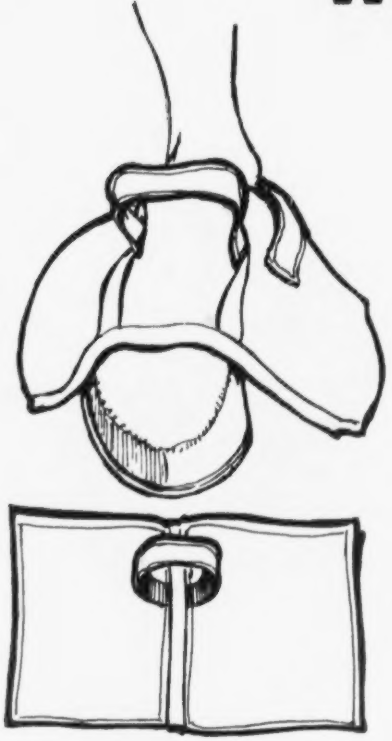
TM 3

Mats
(Plain and Platform)

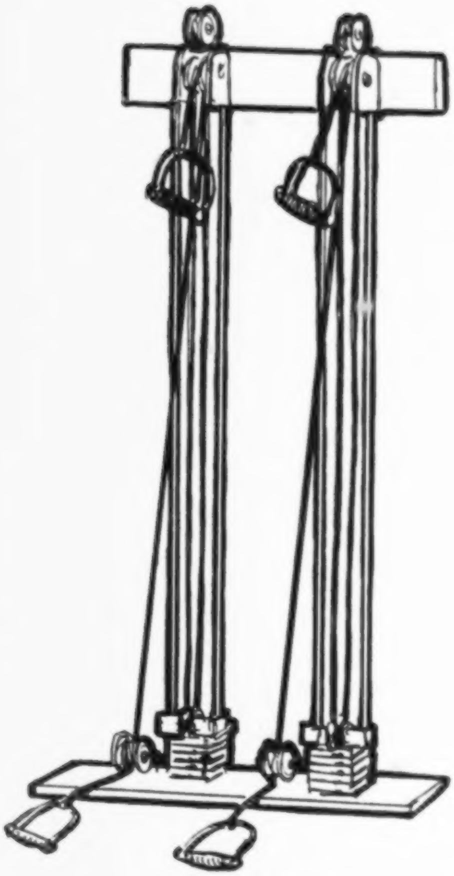


TM 4

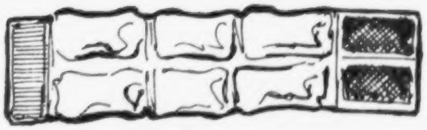
Weights



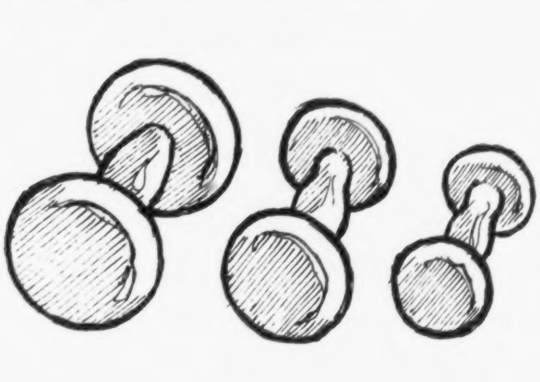
Sand Bags



Pulleys

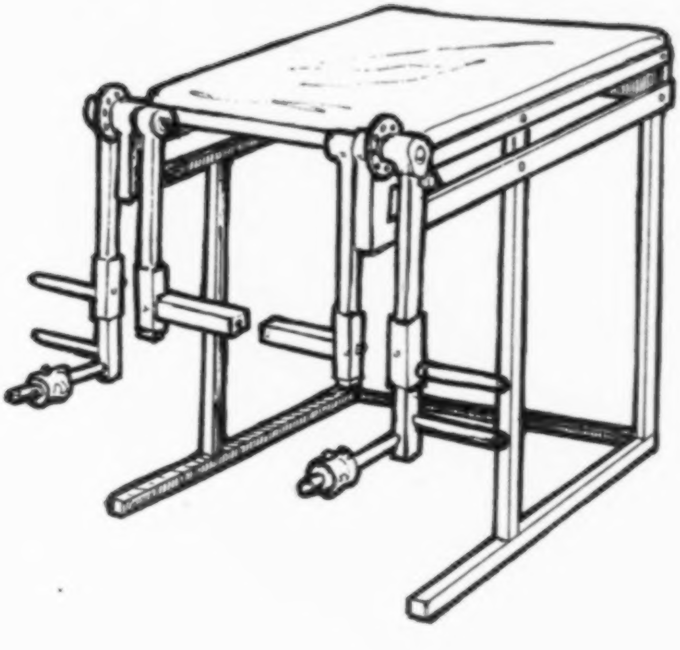


Wrap Around

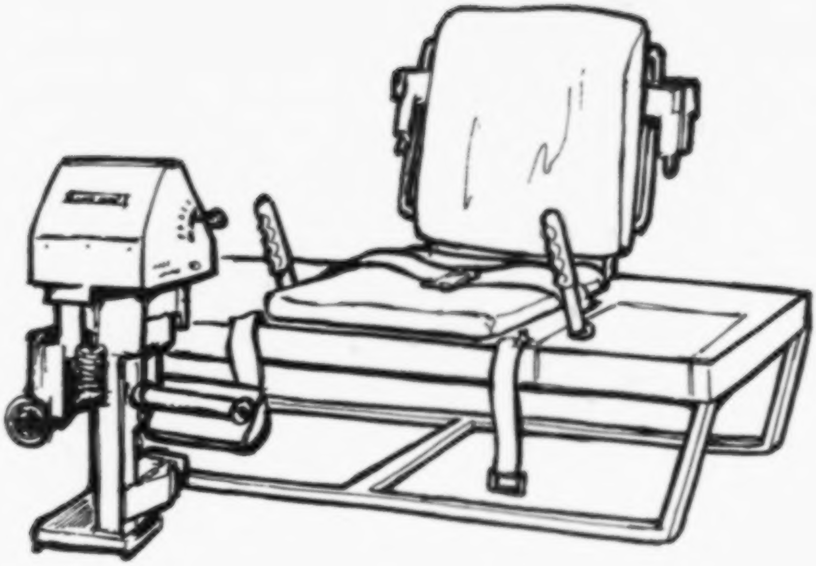


Barbells

N-K Table

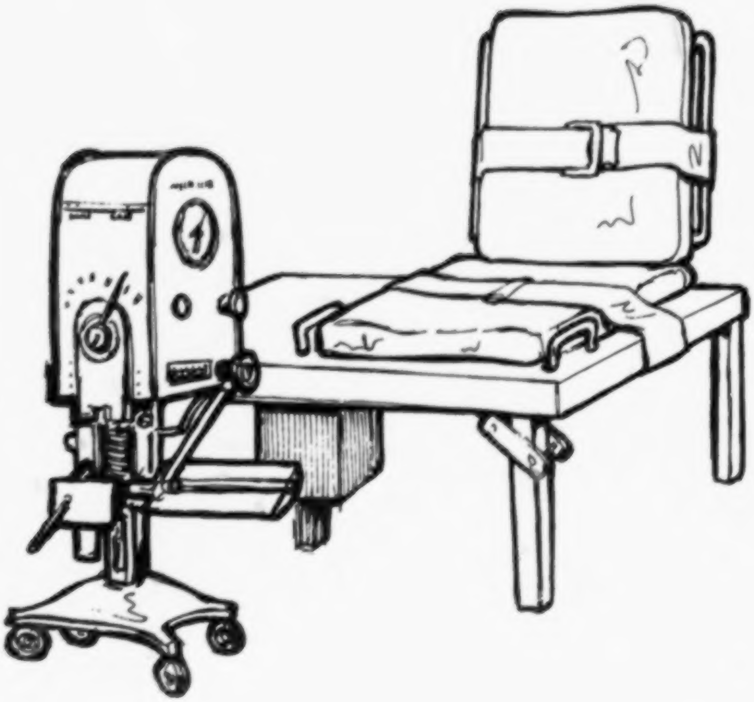


Orthotron Unit



TM 7

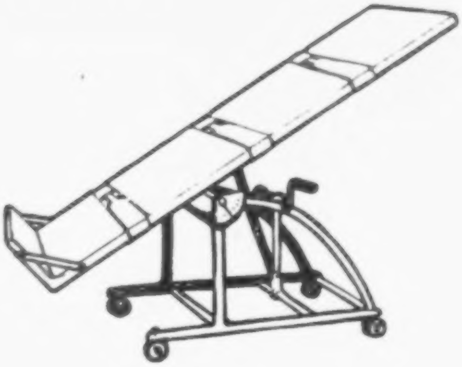
Cybex Unit



Gym Equipment

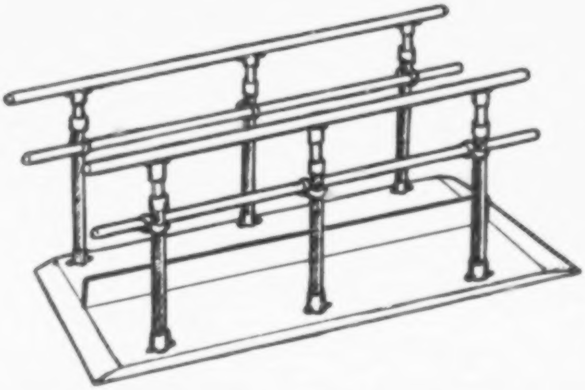
Tilt Table

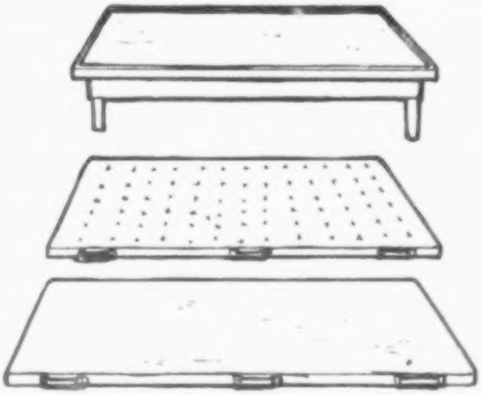
1. Used to reorient patients to the standing position
2. Patient held by straps (chest, hips, knees)
3. Raised in increments to achieve full standing position
4. May also be used to achieve standing without flexing hips (e.g. total hip replacement)



Parallel Bars

1. Used to prepare patients for gait with advanced assistive devices or independent gait
2. Can teach the gait pattern before leaving the bars
3. Therapist stands inside the bars with the patient



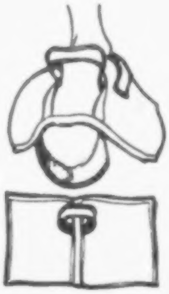


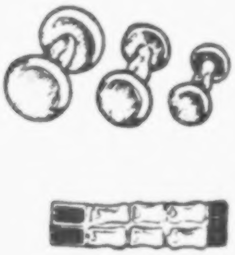
Mats

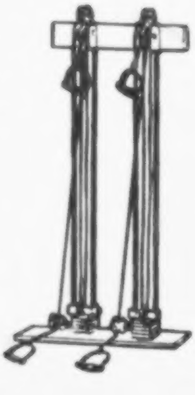
1. May be placed on the floor or be on an elevated platform
2. Used for exercise, rolling, sitting, and coordination

Weights

1. Different types:
   a. Barbells
   b. Sandbags
   c. Wall Pulleys
   d. Over-the-mat Pulleys
2. Type used depends upon the patient and the patient's problem
3. Used to increase strength

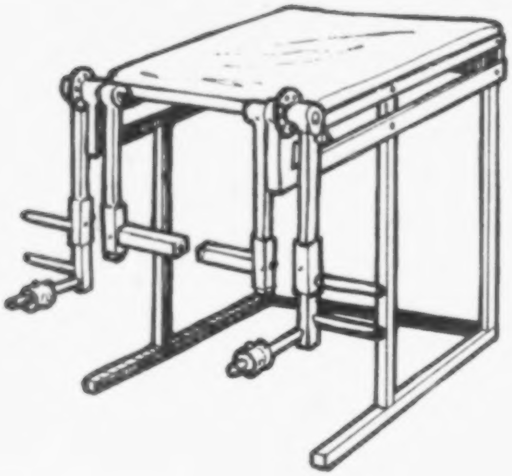






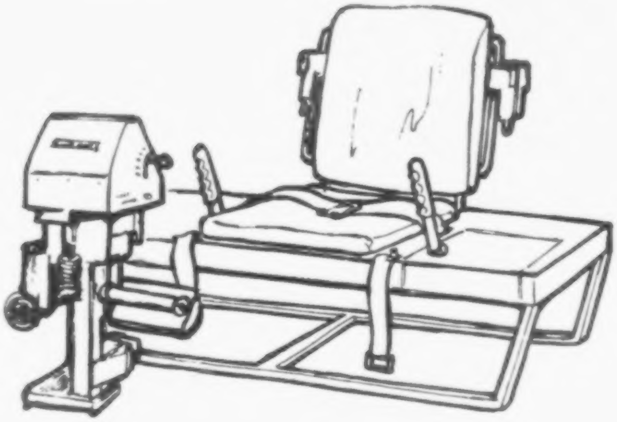
N-K Table

1. Used to strengthen knee extensors and flexors
2. Can be set up to stretch tight knee extensors and flexors
3. Weight increased as strength increases



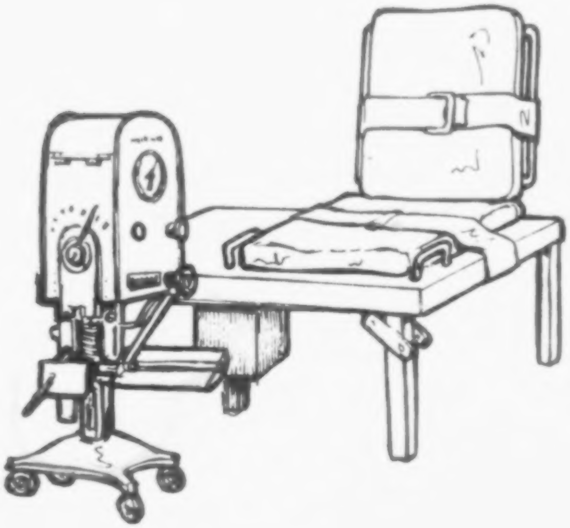
Orthotron Unit

1. Isokinetic machine for exercise
2. Used mostly for knee rehabilitation (can also be set up for other joints)



Cybex Unit

1. Isokinetic testing and exercise machine
2. Has built-in computer for testing
3. Can set it up for all joints
4. Expensive



LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

SCOPE OF UNIT:

This unit will present the basic equipment found in most physical therapy departments and how it is usually stored. Descriptions will cover heating and cooling devices, exercise equipment, assistive devices and other miscellaneous equipment.

INFORMATION TOPIC: X OR DEMONSTRATION:

ASSISTIVE AMBULATORY DEVICES AND MISCELLANEOUS EQUIPMENT

(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify assistive ambulatory devices discussed in class.
2. Identify the two different types of ultraviolet lamps.
3. Identify use(s) of a traction unit.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Axillary Crutches
2. HO 2: Other Types of Crutches
3. HO 3: Accessories
4. HO 4: Canes
5. HO 5: Walkers
6. HO 6: Traction Units
7. HO 7: Ultraviolet Lamp

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston, VA: Reston Publishing Co., 1984. pp. 137-143.

REFERENCES: (Instructor's Additional Information)

Krusen, et al. Handbook of Physical Medicine and Rehabilitation, 2nd ed. Philadelphia: W.B. Saunders Co., 1971.

INTRODUCTION:

It will not be the aide's job to gait train a patient in a proper gait pattern, but an aide might be asked to walk with patients for safety reasons while they practice. It is important to know what the devices are that patients may be using. This lesson will introduce various kinds of ambulatory assistive devices as well as two miscellaneous items found in most physical therapy departments - ultraviolet and traction.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

OUTLINE: (Key Points)

I. Crutches (HO I) (II-1)

- A. Axillary crutches (good support for trunk)
  - 1. Standard wooden crutch
    - a. Most commonly used
    - b. Most reasonably priced
    - c. Old type - not adjustable in length or hand rest
    - d. New type - adjustable in both hand grip and length
    - e. Sizes
      - 1) Adult
      - 2) Youth
      - 3) Child
  - 2. Aluminum crutch
    - a. Similar in style to wooden crutch
    - b. Heavy duty - will not split or crack
    - c. 2-3 times more expensive than a wooden crutch
    - d. Sizes
      - 1) Adult
      - 2) Youth
      - 3) Child
  - 3. Triceps crutch (II-2)
    - a. Axillary crutch

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- b. Triceps pad on crutch
- c. Holds elbow in extension

4. Ortho underarm crutch
    - a. Made of aluminum tubing
    - b. Adjustable
    - c. Built-on axillary and hand grip pads (Ortho-Ease)
    - d. Sizes
        - 1) Extra large
        - 2) Large
        - 3) Regular
        - 4) Small

B. Other types of crutches (HO 2)

1. Lofstrand (forearm crutch) (II-3)
    - a. Single adjustable aluminum tube attached to a curved steel shank
    - b. Has a rubber covered hand bar and metal forearm cuff
    - c. Used when patient needs more support than a cane but not two crutches
    - d. Metal cuff and bar help stabilize wrist so patient can open doors and use hand without losing crutch
    - e. Good for paraplegic patients
2. Kenny
    - a. Complete circle cuff at top
    - b. Used with polio and some cerebral palsy (CP) patients
3. Canadian crutch (elbow extension)
    - a. Long, to assist elbow extension
    - b. Cuffs open on outside
4. Aluminum trough forearm crutch
    - a. Trough on top of adjustable crutch (with handle on trough)

        - b. Used with patient who cannot put weight on wrist and hand (example - arthritic patient)
    - 5. Platform crutch
        - a. Trough attachment bought separately
        - b. Trough attached to wooden axillary crutch

II. Accessories (HO 3)

- A. Axillary pads
- B. Hand grip pads
- C. Tips (rubber)
    - 1. Large safety grip is best
    - 2. Will hold at any angle

III. Canes (HO 4)

- A. Uses
    - 1. Aid in ambulation
    - 2. Maintain balance
    - 3. Confidence
    - 4. Improve stability
    - 5. Assist in supporting up to 30% of weight from leg (70% must be taken on leg)
- B. Types of canes - can be made from wood, aluminum, or steel (II-4)
    - 1. Standard wooden or aluminum cane
        - a. Curved handle
        - b. Adjusting the length
            - 1) Wooden cane cut to desired length
            - 2) Telescope feature on some aluminum canes (it is advisable to have a telescoping aluminum cane in clinic to adjust length to patient)
    - 2. Quad cane
        - a. Four legs have contact with floor

        b. Adjustable length

        c. Gives more support as long as all four tips touch floor

    3. Functional grip canes (different shapes and position of hand grip)

        a. "T" cane

        b. Spade handle cane

        c. Ortho-cane

            1) Places weight directly under the hand of the patient

            2) Greater balance and control

            3) Can get ortho-grip

    4. Other cane variations (II-5)

        a. Tripod cane (three legs have contact with floor)

        b. Cane-seat (collapsible seat attachment)

        c. Cane glider (wheels on inside legs)

        d. Walkane (combination of walker and cane)

IV. Walkers (HO 5)

A. Uses

1. Limited use in majority of homes due to stairs, carpet, etc.

2. Requires partial strength of hands and wrists; strong elbow extensors and shoulder depressors

3. Used for more stability

B. Types of walkers

1. Various sizes and shapes

2. Attachments available to meet needs of the patient

3. Pick up walker

4. Wheeled walker

V. Miscellaneous Equipment

A. Traction - used for spinal column problems (HO 6)

        1. Cervical traction
            a. Given lying down or sitting
            b. Given with slight flexion of neck
            c. Sitting position usually uses over-door type of traction.
        2. Lumbar/pelvic traction
            a. Given lying down only
            b. Usually given with hips flexed
    B. Ultraviolet lamp (HO 7)
        1. Emits ultraviolet rays (as in sunlight)
        2. Used for skin problems
            a. Psoriasis
            b. Acne
            c. Fungus
        3. Types of lamps
            a. Hot quartz - used for psoriasis and acne
            b. Cold quartz
                1) Hand held lamp
                2) Used for fungus (athlete's foot)

VI. Storage
    A. Assistive ambulatory devices
        1. Storage of crutches, canes, and walkers is variable depending upon the space available in the department.
        2. Wall pegs work well for canes and crutches.
        3. Walkers take a lot of room; a storage closet in or near the gym is ideal for these items.
    B. Miscellaneous equipment
        1. Ultraviolet and traction are usually given and stored in the booth area.
        2. Ultraviolet must be given in a relatively isolated area since dark glasses must be worn to protect eyes from sunburn.

3. Traction is given for relaxation and should be done in a quiet area.

VII. Summary and Conclusion

A. Crutches

B. Accessories

C. Canes

D. Walkers

E. Miscellaneous equipment

F. Storage

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

INTERACTION ITEMS:

1. What are the differences in wooden axillary crutches?
2. What is the difference between an axillary crutch and a triceps crutch?
3. What is the name of a crutch that gives a paraplegic more freedom to open doors?
4. What is the difference between a quad cane and a standard wooden cane?
5. What device would give more support than a cane but not as much as a walker?

CLASSROOM, LABORATORY OTHER ACTIVITIES:

1. Have various crutches, canes, and walkers available for students to examine.
2. Tour a physical therapy department to see the devices discussed in this lesson.

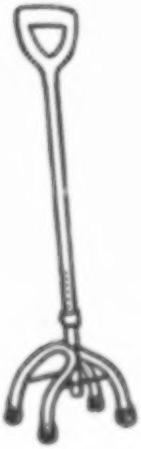
LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

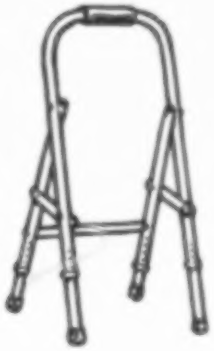
UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

EVALUATION ITEMS

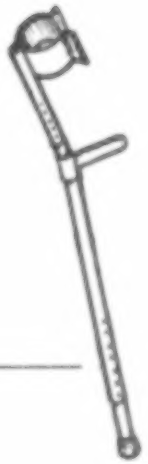
I. Identify these assistive ambulatory devices by writing the name in the blank below the picture.



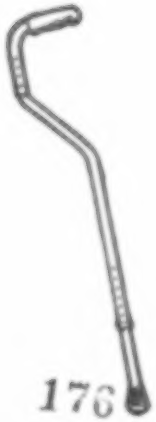
A. ____________________



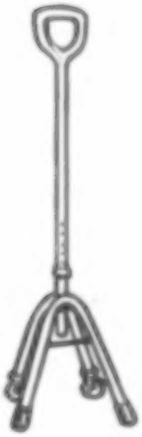
B. ____________________



C. ____________________



D. ____________________



E. ____________________

2. List the two types of ultraviolet lamps.

   a. ______________________________

   b. ______________________________

3. A traction unit can be used: (Circle the correct answer.)

   a. For cervical traction
   b. For lumbar traction
   c. In the sitting position
   d. All the above

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT V EQUIPMENT IDENTIFICATION AND STORAGE

ANSWERS TO EVALUATION ITEMS

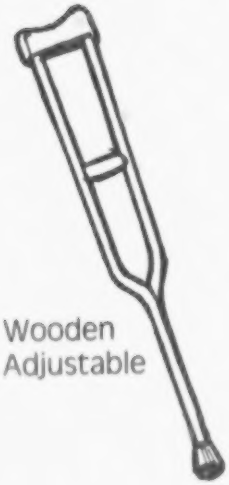
1. a. Quad cane
   b. Pick up walker
   c. Forearm (Lofstrand) crutch
   d. Ortho cane
   e. Walkane

2. a. Hot quartz
   b. Cold quartz

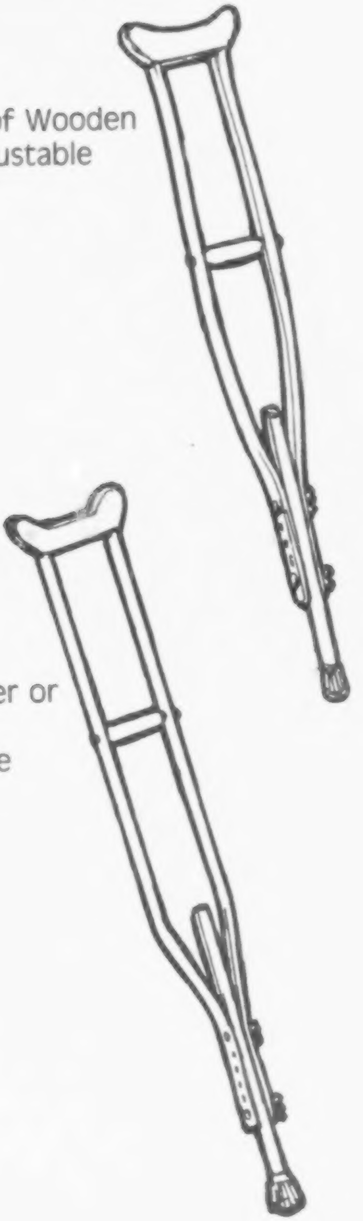
3. d

HO 1

Axillary Crutches

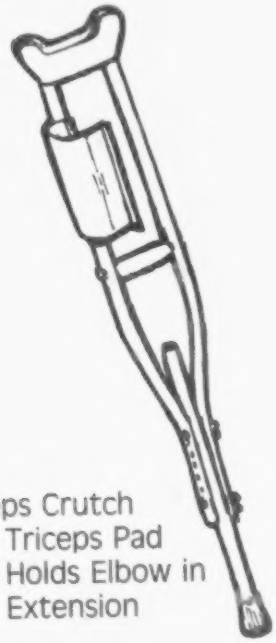


Old Type of Wooden
Crutch: Not Adjustable

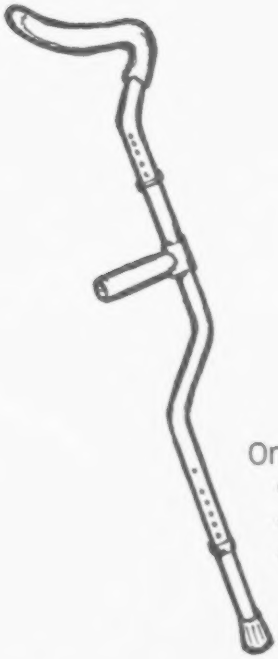


New Type of Wooden
Crutch: Adjustable

Aluminum Crutch
- Adjustable
- Will Not Splinter or Crack
- More Expensive

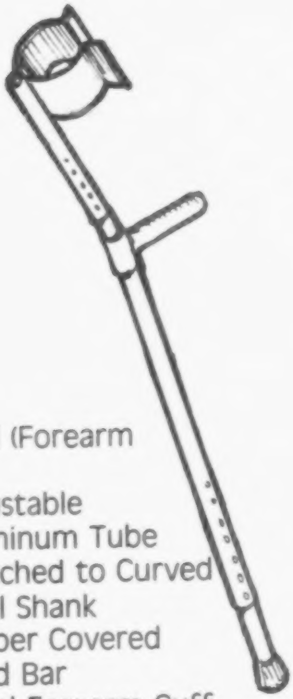


Triceps Crutch
- Triceps Pad
- Holds Elbow in Extension

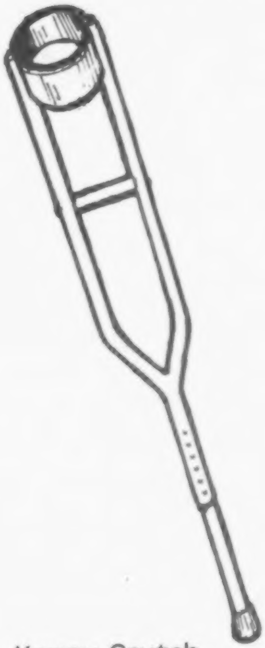


Ortho Underarm Crutch
- Aluminum Tubing
- Adjustable
- Built-on Axillary and Hand Grip Pads

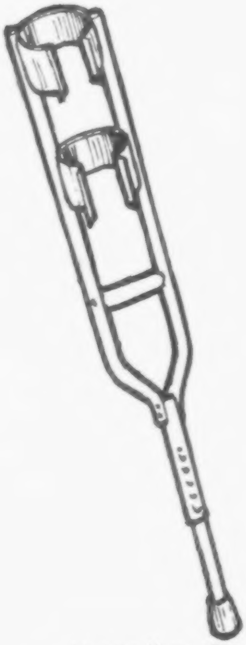
Other Types of Crutches



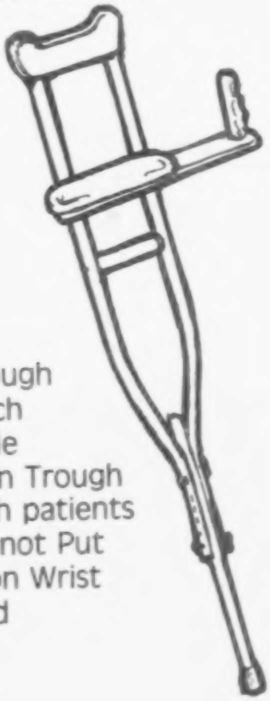
Lofstrand (Forearm Crutch)
- Adjustable Aluminum Tube Attached to Curved Steel Shank
- Rubber Covered Hand Bar
- Metal Forearm Cuff
- Used when Patient Needs More Support than a Cane, but Not Two Crutches



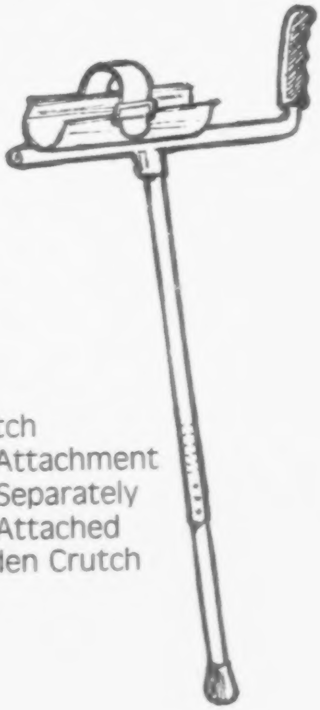
Kenny Crutch
- Complete Circle Cuff at Top
- Used with Polio and Some CP Patients



Canadian Crutch
- Long to Assist Elbow Extension
- Cuffs Open on Outside



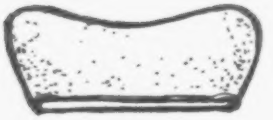
Aluminum Trough Forearm Crutch
- Adjustable Handle on Trough
- Used with patients Who Cannot Put Weight on Wrist and Hand



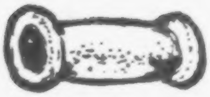
Platform Crutch
- Trough Attachment Bought Separately
- Trough Attached to Wooden Crutch

HO 3

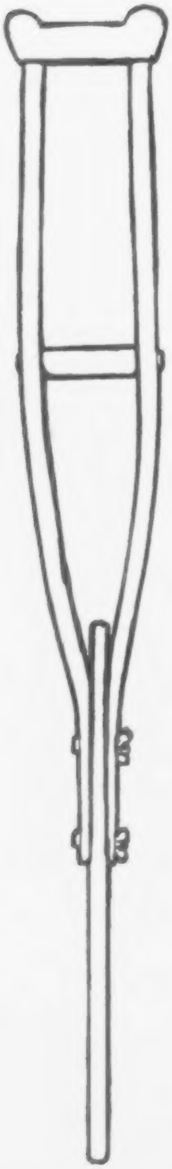
Accessories

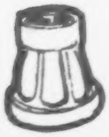


Axillary Pads



Hand Grip Pads

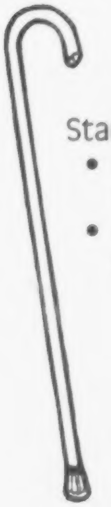




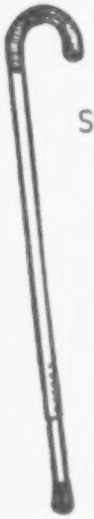
Rubber Tips

- Use Large Safety Grip
- Will Hold at Any Angle

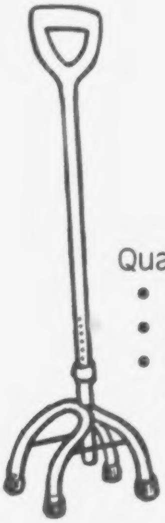
Canes



Standard Wooden Cane
- Adjust by Cutting to Desired Length
- Curved Handle for Better Grip



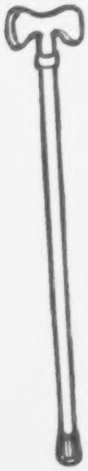
Standard Aluminum Cane
- Telescoping Feature Allows for Adjustment
- Curved Handle for Better Grip



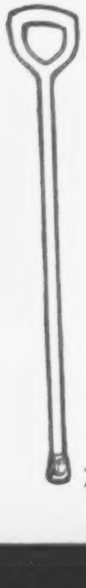
Quad Cane
- Adjustable Length
- Four Leg-Contacts with Floor
- Gives More Support As Long As All Tips Contact Floor

Functional Grip Canes

Ortho-Cane
- Places Weight Under Patient's Hand
- Greater Balance and Control
- Can Use Ortho-Grip

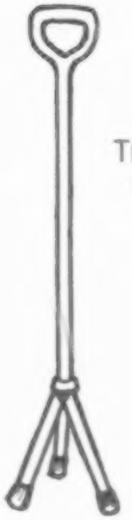


"T" Cane
- Functional Grip Handle

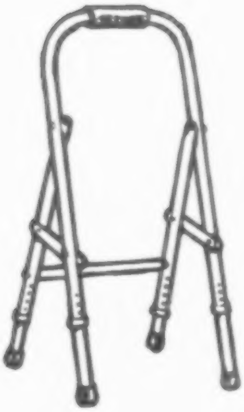


Spade Handle Cane
- Functional Grip Handle

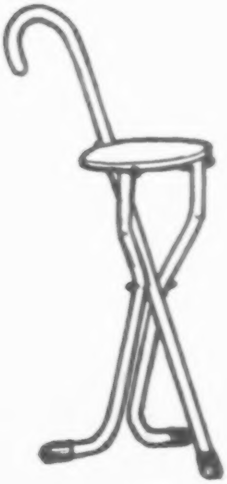
Other Cane Variations



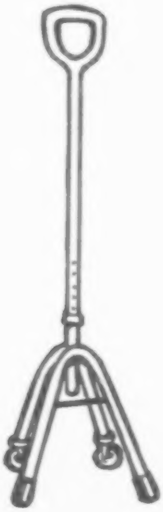
Tripod Cane
- Three Leg-Contacts with Floor



Walkane
- Combination of Walker and Cane



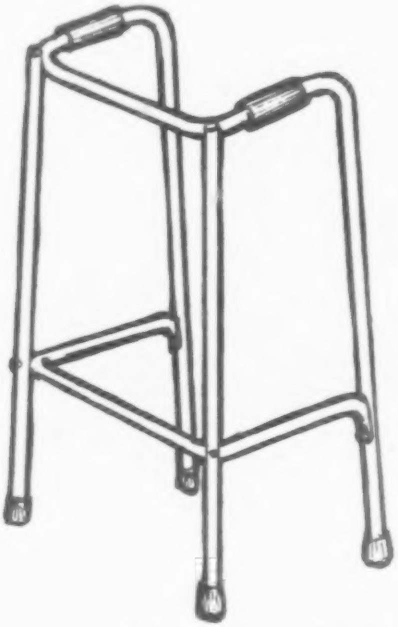
Cane-Seat
- Collapsible Seat Attachment



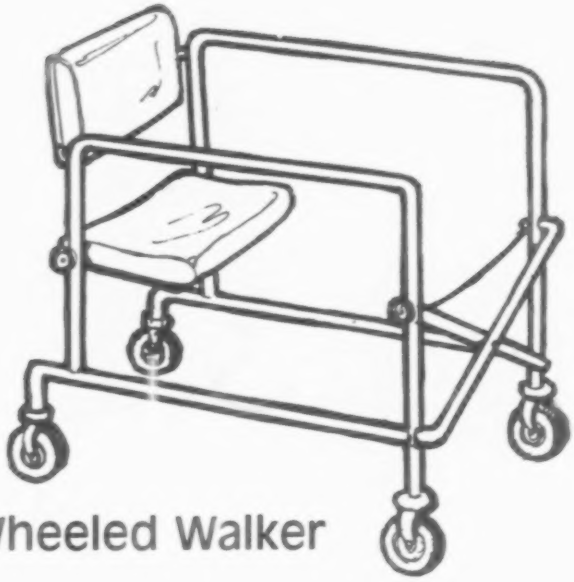
Cane Glider
- Two Wheels and Two Lips (four legs)
- Wheels on Inside Legs

HO 5

Walkers



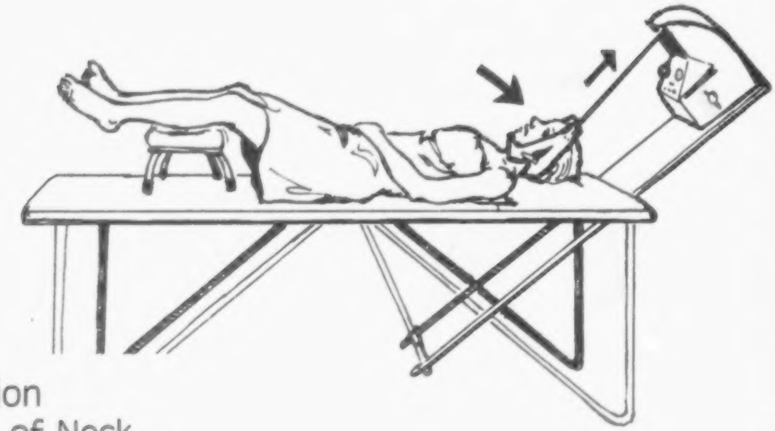
Pick Up Walker



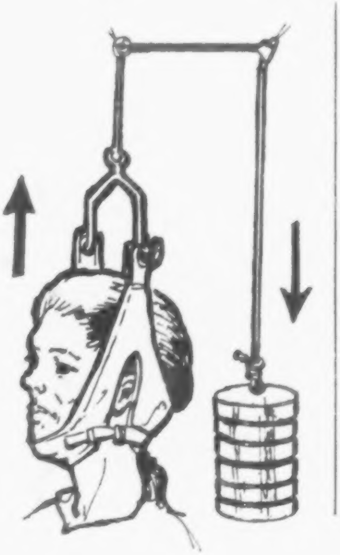
Wheeled Walker

- Requires Partial Strength of Hands and Wrists
- Requires Strong Elbow Extensors and Shoulder Depressors

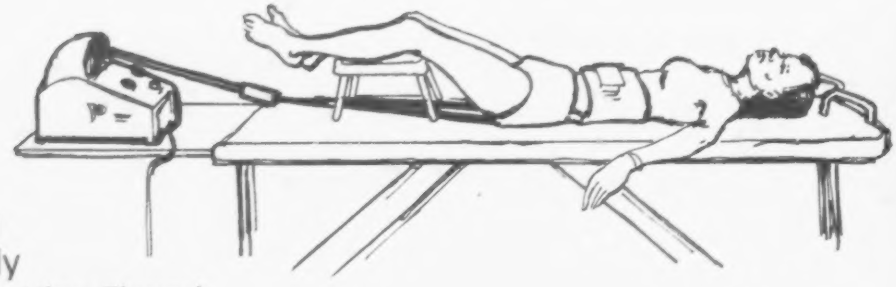
Traction Units



Cervical Traction - Lying Position
- Given with Slight Flexion of Neck

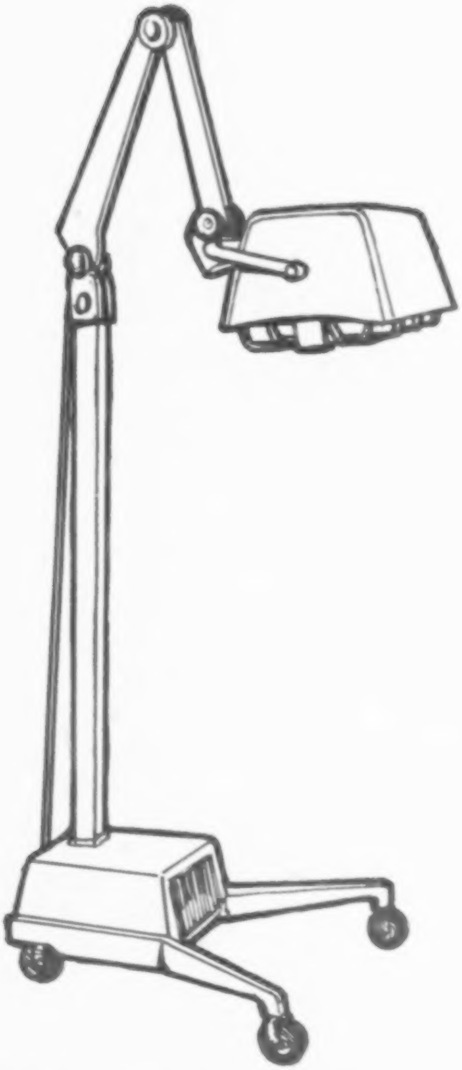


Cervical Traction - Sitting Position
- Overdoor Type of Traction
- Given with Slight Flexion of Neck



Lumbar/Pelvic Traction
- Lying Position Only
- Given Usually with Hips Flexed

Ultraviolet Lamp

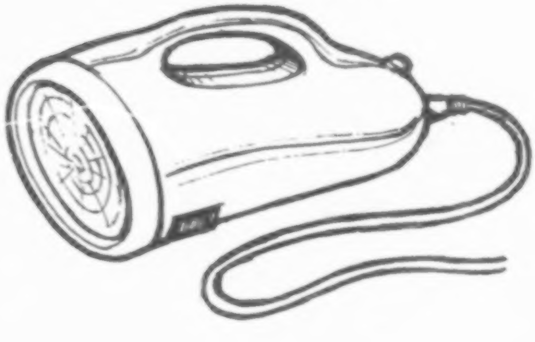


Hot Quartz

- Used for Psoriasis and Acne

Cold Quartz (Hand Held)

- Hand Held Lamp
- Used for Fungus (athlete's foot)



LESSON PLAN: 1

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

SCOPE OF UNIT:

This unit is designed to provide basic techniques for infection control. Through information and demonstration lessons, it will cover the areas of handwashing, use of protective apparel, and transporting the isolation patient.

INFORMATION TOPIC: X OR DEMONSTRATION:

BASIC TECHNIQUES FOR INFECTION CONTROL

(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Identify the four ways in which microorganisms are transmitted.
2. Identify the most common transmission mode for infection.
3. Describe why isolation techniques are used.
4. List the three elements in the spread of infection.
5. Identify how isolation techniques stop the spread of infection.
6. List two isolation techniques for infection control.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Transmission
2. TM 2: Most Common Transmission
3. TM 3: Elements of the Spread of Infection
4. TM 4: Control the Spread of Infection
5. Slide/Tape #58: "Basic Isolation Techniques" (direct inquiries to: Division of Physical Therapy Education, University of Nebraska Medical Center, 42nd and Dewey, Omaha, NE 68105)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Atkinson, Lucy Jo and Mary Louise Kohn. Introduction to Operating Room Technique. New York: McGraw-Hill, Inc., 1978.

INTRODUCTION:

Control of the spread of infection is a major concern of hospital personnel. A patient should not be subjected to the risk of contacting additional disease while in the health care facility. Fighting this war is a constant battle due to the persistence and adaptation of microorganisms. This lesson provides basic information about infection and techniques for control.

LESSON PLAN: 1

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

OUTLINE: (Key Points)

I. Modes of Transmitting Microorganisms (TM 1) (II-1)

  A. Contact route

    1. Direct physical contact

    2. Indirect physical contact

  B. Vehicle route

    1. Food

    2. Water

    3. Blood

  C. Airborne route

    1. Dust

    2. Droplet from a sneeze or cough

  D. Vector-borne route

    1. Birds

    2. Ticks

    3. Fleas

II. Most Common Mode of Transmission (TM 2)

  A. Contact route

    1. Direct physical contact

    2. Indirect physical contact

  B. More common than any other mode in a health care facility

III. Basic Isolation Techniques (II-2)

A. Used to control the spread of infection

B. Elements in the spread of infection (TM 3)

  1. Source of infection

  2. Route of transmission

  3. Host

C. Control infection by interrupting the transmission (TM 4)

D. Types of isolation techniques for infection control

  1. Removal of patient from outside sources

  2. Protective movement of patient for treatment outside of isolation area

  3. Protecting patient from transmission by medical personnel

    1. Handwashing technique

    2. Use of protective apparel

IV. Summary and Conclusion

A. Modes of transmitting microorganisms

B. Most common mode of transmission

C. Basic isolation techniques

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

INTERACTION ITEMS:

1. What are the modes of transmission of infection?
2. How can medical personnel protect a patient from transmission of infection?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Use slide/tape presentation for independent study.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

EVALUATION ITEMS

1. Microorganisms are transmitted by: (Circle the correct answer.)

   a. Direct physical contact
   b. The vehicle of food
   c. Airborne dust particles
   d. All of the above

2. The most common way infection is transmitted is: (Circle the correct answer.)

   a. Vector-borne
   b. Airborne
   c. Contact
   d. Water

3. Complete this sentence:

   Isolation techniques are used for the purpose of ______________________

   ____

4. List three (3) elements in the spread of infection:

   a. ______________________________

   b. ______________________________

   c. ______________________________

5. Isolation techniques are designed to stop the spread of infection by: (Circle the correct answer.)

   a. Killing all the microorganisms
   b. Interrupting the transmission of the microorganisms
   c. Eliminating the source of infection
   d. Keeping things clean

6. List two (2) isolation techniques for infection control.

   a. ______________________________

   b. ______________________________

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

ANSWERS TO EVALUATION ITEMS

1. d

2. c

3. Controlling the spread of infection

4. a. Source
   b. Route of transmission
   c. Host

5. b

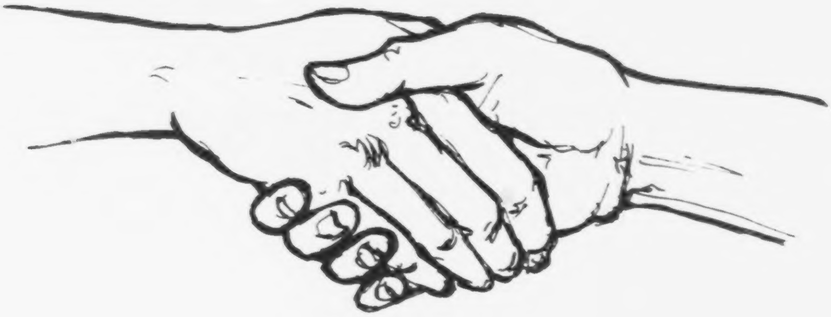
6. The student may list any two (2) of the following:

   a. Removal of patient from outside sources
   b. Protective movement of patient for treatment outside of isolation area
   c. Handwashing technique by medical personnel
   d. Use of protective apparel by medical personnel

Transmission

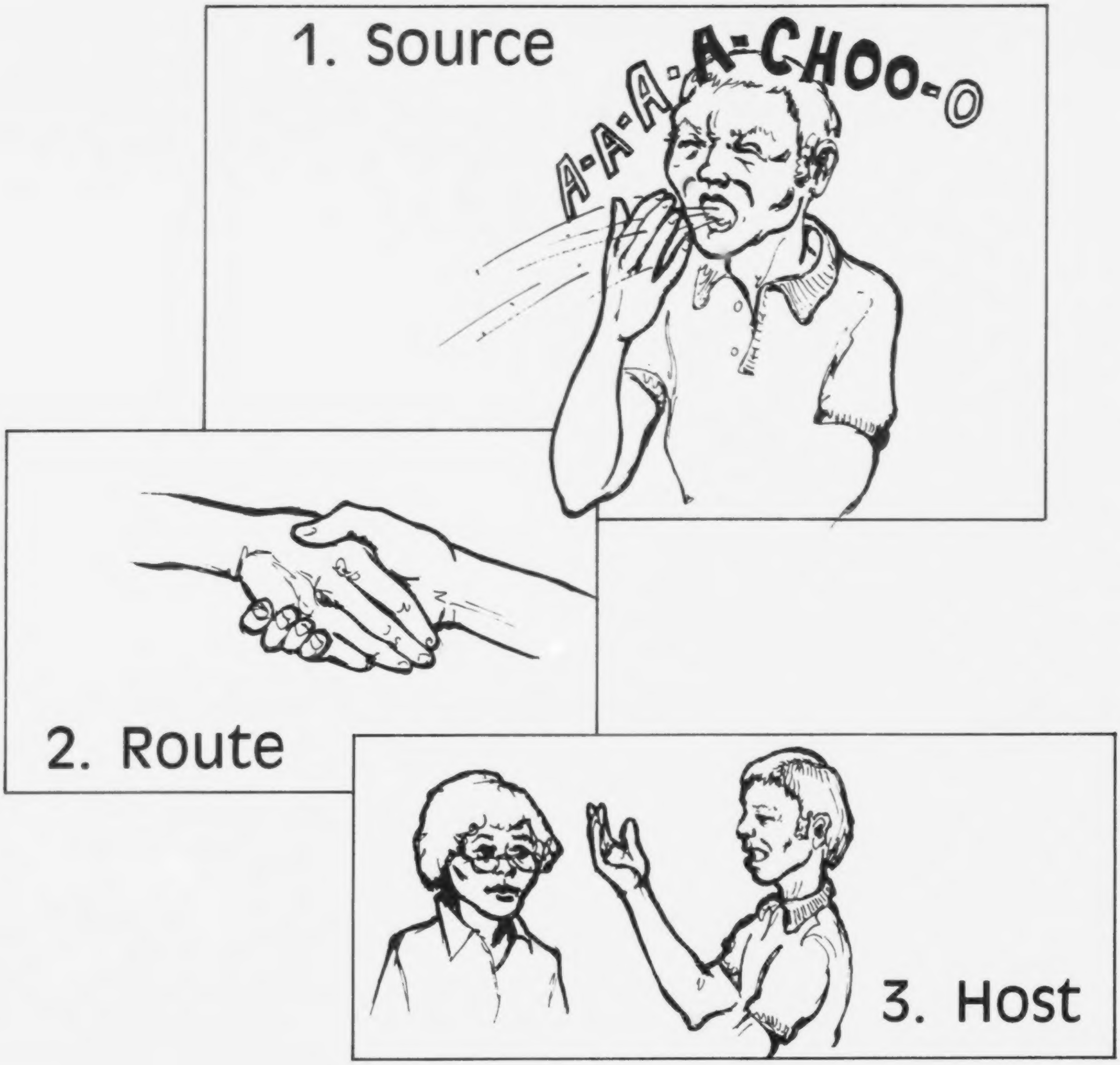
1. Contact
2. Vehicle
3. Air
4. Vector

Most Common Transmission

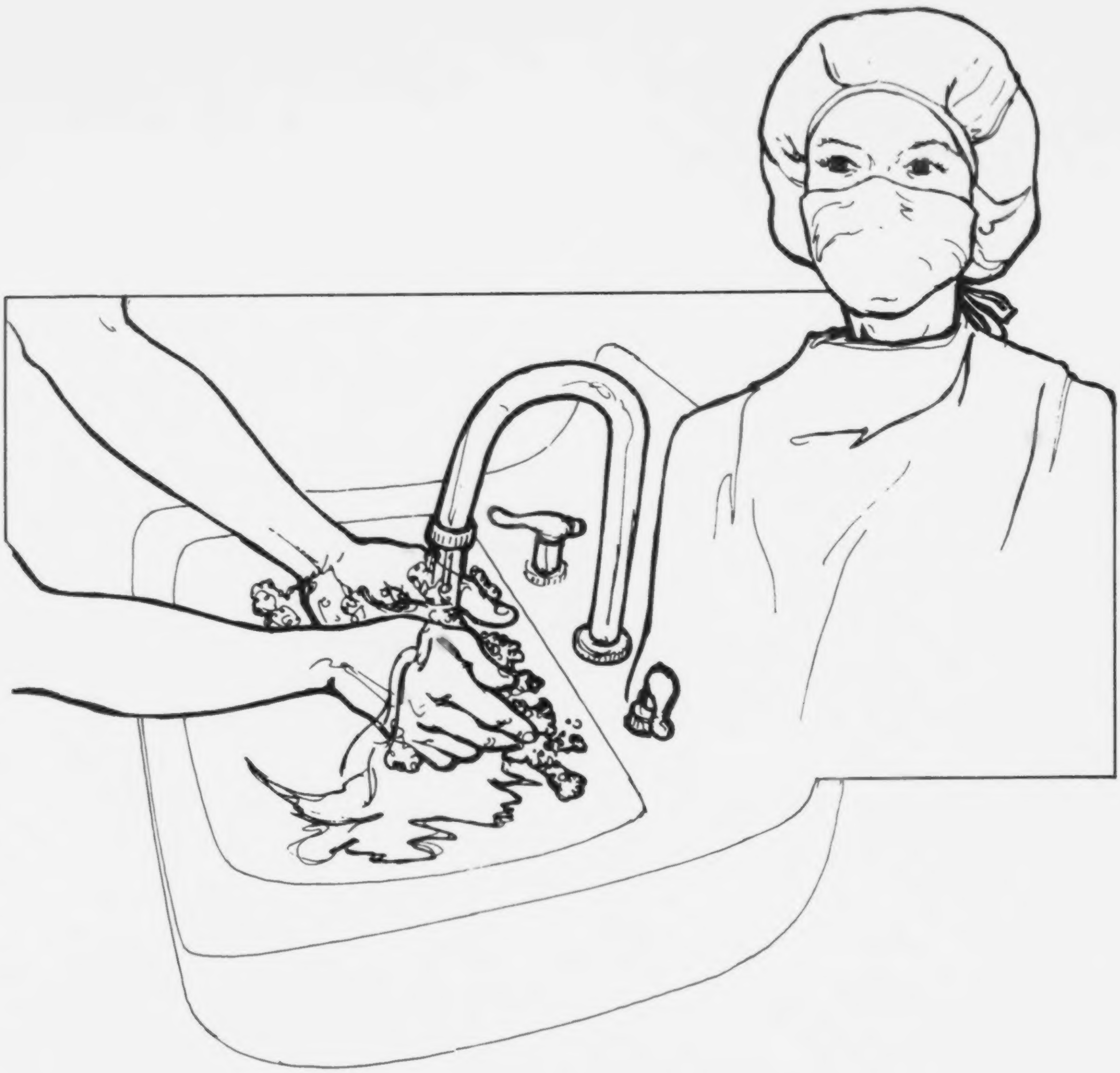


Contact

Elements of the Spread of Infection


1. Source
A-A-A-A-CHOO-O
2. Route
3. Host

Control the Spread of Infection



Interrupt Transmission

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

SCOPE OF UNIT:

This unit is designed to provide basic techniques for infection control. Through information and demonstration lessons, it will cover the areas of handwashing, use of protective apparel, and transporting the isolation patient.

INFORMATION TOPIC: OR DEMONSTRATION: X

HANDWASHING TECHNIQUE
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Wash hands according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sink with hot and cold water supply
2. Soap or liquid washing agent (Betadine)
3. Paper towels
4. Slide/tape #58: "Basic Isolation Techniques" (direct inquiries to: Division of Physical Therapy Education, University of Nebraska Medical Center, 42nd and Dewey, Omaha, NE 68105)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Atkinson, Lucy Jo and Mary Louise Kohn. Introduction to Operating Room Technique. New York: McGraw-Hill, Inc., 1978.

INTRODUCTION:

This lesson is designed to teach the proper technique for isolation handwashing. Since the most common transmission route for infection is through contact, the importance of handwashing cannot be stressed enough. Even when isolation techniques are not being used, this method of handwashing can prevent the spread of disease. Handwashing techniques need to be developed as a habit.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

STEPS OF PROCEDURE:

1. Remove all jewelry.

2. Turn water on, adjust to a moderately hot temperature, and let run throughout the procedure.

3. Wet hands and lower arms with water and apply soap or liquid washing agent.

4. Scrub (two minutes) all surfaces of the hands and lower arms including: palms and back of hands, fingers and surfaces between them, and wrists (three-four inches above hands).

5. Rinse well under running water, beginning at the fingertips and rinsing toward the wrist.

6. Dry hands thoroughly with paper towels.

7. If the sink does not have foot controls, turn the faucet off using a dry paper towel.

   CAUTION: Be careful not to touch the sink with hands.

8. Dispose of the towels in the trash. Be careful not to touch the container.

SUMMARY AND CONCLUSION:

Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

INTERACTION ITEMS:

1. Why is the water run throughout the procedure?
2. Why are the fingers tips rinsed first?
3. How are you supposed to dry your hands?
4. Why is the water turned off with a paper towel?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have students practice washing their hands using this technique.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

EVALUATION ITEMS

NAME OF STUDENT ______________________________

HANDWASHING TECHNIQUE

EQUIPMENT:

1. Sink with hot and cold water supply
2. Soap or liquid washing agent (Betadine)
3. Paper towels

DID THE STUDENT:		YES	NO
1.	Remove all jewelry.		
2.	Turn on water, adjust to a moderately hot temperature, and let run throughout the procedure.		
3.	Wash hands and lower arms with water and apply soap or liquid washing agent.		
4.	Scrub surfaces of the hands and lower arms.		
5.	Rinse hands.		
6.	Dry hands.		
7.	If the sink does not have foot controls, turn off the faucet using a dry paper towel.		

DID THE STUDENT:	YES	NO
8. Dispose of the towels.		

The student has satisfactorily completed the procedure "HANDWASHING TECHNIQUE" according to the steps outlined.

DATE

INSTRUCTOR'S SIGNATURE
(VERIFYING SATISFACTORY COMPLETION)

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

SCOPE OF UNIT:

This unit is designed to provide basic techniques for infection control. Through information and demonstration lessons, it will cover the areas of handwashing, use of protective apparel, and transporting the isolation patient.

INFORMATION TOPIC: OR DEMONSTRATION: X

USE OF PROTECTIVE APPAREL
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Use protective apparel according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sterile mask
2. Sterile wrapped gown
3. Sterile gloves
4. Slide/tape #58: "Basic Isolation Techniques" (direct inquiries to: Division of Physical Therapy Education, University of Nebraska Medical Center, 42nd and Dewey, Omaha, NE 68105)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Atkinson, Lucy Jo and Mary Louise Kohn. Introduction to Operating Room Technique. New York: McGraw-Hill, Inc., 1978.

INTRODUCTION:

You may be required to use protective apparel either for your protection or the patient's protection from infection. It is very important that this be done in such a manner that neither you nor the patient become contaminated. This lesson will prepare you to put on and remove the mask, gown, and gloves so that no contamination takes place.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

STEPS OF PROCEDURE:

Putting on Protective Apparel in Correct Sequence

1. Put on the mask
   a. Hold the mask by the elastic or strings.
   b. Cover the nose and mouth.
   c. Take elastic or tie the strings at the upper back of the head.
2. Put on the gown
   a. Check the date on the sterile package; if it is outdated, don't use it.
   b. Place the package on the table so the top flap opens away from you; open this flap first.
   c. Open side flaps in order of the fold.
   d. Open the flap toward you last.

      NOTE: Gowns are wrapped with the inside out. Touch only the inside.
   e. Pick up the gown and allow it to unfold without touching floor.
   f. Put hands and arms into gown.

      CAUTION: This may be done one at a time, but don't touch the outside of the gown.
   g. Tie neck string.
   h. Tie waist strings, making sure your uniform is completely covered.
3. Put on the gloves
   a. Open and unwrap the gloves.

      NOTE: The cuff of the glove is pulled toward the fingers so that your bare hands touch only the inside of the gloves.

   b. Pick up the first glove by the cuff (inside only) and pull it on.

      NOTE: If it doesn't go on straight, wait until both gloves are on to adjust it.

   c. Slide the gloved hand under the cuff of the remaining glove, touching only the outside, and pull the remaining glove on.

   d. Adjust the gloves if needed and pull gloves up and over the cuff of the gown to cover wrists.

Removing the Protective Apparel in Correct Sequence

1. Untie waist strings of gown.
2. Remove the gloves.
   a. Take cuff of one glove and pull toward fingers, turning it inside out. DO NOT pull it all the way off. Leave the fingers gloved.

   b. With this finger-covered hand, take the cuff of the completely gloved hand and pull it all the way off (turning it inside out).

   c. Touching only the inside, remove the partly gloved hand (inside-out).

   d. Discard gloves.

   e. Wash hands using proper isolation technique

      NOTE: This prevents possible contamination of the hair when the mask is removed.
3. Remove the mask.
   a. Untie the strings or slowly pull the elastic from back to the front, over the head.

   b. Discard the mask.
4. Remove the gown.
   a. Untie the neck strings

   b. Fold the gown forward and slide out arms and hands.

      NOTE: It is all right if arms turn inside out, but be sure to keep the gown away from your body.

   c. Touching only the inside, ball up the gown and discard.

Leaving the Isolation Area

1. Wash hands before leaving the isolation area and again after leaving.

2. Use a paper towel to open the door and leave the towel inside the room.

SUMMARY AND CONCLUSION

Review steps of procedure.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

INTERACTION ITEMS:

1. How is the mask held while putting it on?
2. What is the first thing to do when putting on the gown?
3. What is the only part of the gown you should touch?
4. What part, when putting on the gloves, should bare hands touch?
5. What is the proper sequence for removing the protective apparel?
6. How are gloves to be removed?
7. How does one keep from getting contaminated if the door is closed when one is leaving an isolation area?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have each student practice the sequence and procedures of putting on and removing protective apparel.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

EVALUATION ITEMS

NAME OF STUDENT ____________________

USE OF PROTECTIVE APPAREL

EQUIPMENT:

1. Sterile mask
2. Sterile wrapped gown
3. Sterile gloves

DID THE STUDENT:	YES	NO
Put on Protective Apparel in Correct Sequence		
1. Put on the mask.		
a. Hold the mask by the elastic or strings.		
b. Cover the nose and mouth.		
c. Take elastic (or tie strings) at the upper back of the head.		
2. Put on the gown.		
a. Check the date on the sterile package, not using it if it is outdated.		
b. Place the package on the table so the top flap opens away and open this flap first.		
c. Open side flaps in order of the fold.		
d. Open the flap toward him/her last.		

			YES	NO
	e.	Touch only the inside of the gown.		
	f.	Pick up the gown and allow it to unfold without touching floor.		
	g.	Put hands and arms into the gown without touching the outside.		
	h.	Tie neck string.		
	i.	Tie waist strings, making sure uniform is completely covered.		
3.	Put on the gloves.			
	a.	Open and unwrap the gloves.		
	b.	Pick up the first glove by the cuff, touching the inside only, and pull it on.		
	c.	Slide the gloved hand under the cuff of the remaining glove, touching only the outside, and pull the remaining glove on.		
	d.	Adjust the gloves if needed and pull gloves up over the cuff of the gown, covering the wrists.		
Remove Protective Apparel in Correct Sequence				
1.	Begin removing the protective apparel by untying the waist strings of the gown.			
2.	Remove the gloves.			
	a.	Take cuff of one glove and pull toward fingers, turning it inside out and leaving the fingers gloved.		
	b.	With the finger-covered hand, take the cuff of the completely gloved hand and pull it all the way off (turning it inside out).		
	c.	Touching only the inside, remove the other glove on the partly gloved hand (inside out).		
	d.	Discard the gloves.		

			YES	NO
	e.	Wash hands using proper isolation technique.		
3.	Remove the mask.			
	a.	Untie the strings or slowly pull the elastic from back to the front, over the head.		
	b.	Discard the mask.		
4.	Remove the gown.			
	a.	Untie the neck strings.		
	b.	Fold the gown forward and slide out arms and hands.		
	c.	Touching only the inside, ball up the gown and discard.		
Leave the Isolation Area				
1.	Wash hands before leaving the isolation area.			
2.	Wash hands after leaving the isolation area.			
3.	Use a paper towel to open the closed door to the isolation area and leave the towel inside the room.			

The student has satisfactorily completed the procedure "USE OF PROTECTIVE APPAREL" according to the steps outlined.

DATE

INSTRUCTOR'S SIGNATURE
(VERIFYING SATISFACTORY COMPLETION)

LESSON PLAN: 4

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

SCOPE OF UNIT:

This unit is designed to provide basic techniques for infection control. Through information and demonstration lessons, it will cover the areas of handwashing, use of protective apparel, and transporting the isolation patient.

INFORMATION TOPIC: OR DEMONSTRATION: X

TRANSPORTING THE ISOLATION PATIENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Transport an isolation patient according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Hospital bed
2. Stretcher with pad
3. Two sheets
4. Extra sterile gown, mask, and gloves
5. One extra person to assist
6. Slide/tape #58: "Basic Isolation Techniques" (direct inquiries to: Division of Physical Therapy Education, University of Nebraska Medical Center, 42nd and Dewey, Omaha, NE 68105)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Atkinson, Lucy Jo and Mary Louise Kohn. Introduction to Operating Room Technique. New York: McGraw-Hill, Inc., 1978.

INTRODUCTION:

Occasionally an isolation patient must be taken to the physical therapy department for treatment. For example, a burn patient who needs a whirlpool will require a special transportation technique to prevent further contamination of the patient or contamination of others by the patient. This lesson will demonstrate how to perform this procedure with the least chance of contamination.

LESSON PLAN: 4

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

STEPS OF PROCEDURE:

Prepare the Stretcher for Transporting Patient Outside the Isolation or Treatment Area

1. Place a sterile sheet on the stretcher pad and tuck all edges under.
2. Place an extra mask, gown, and gloves on the shelf under the stretcher.

   NOTE: You might need them or someone might need them to assist you.
3. Drape another sterile sheet over the pad and allow it to hang down on all sides of the cart.

Prepare Yourself and the Patient

1. Put on the protective apparel using correct procedure and in proper sequence.
2. Place a mask and clean gown with sleeves on the patient.
3. Bring the stretcher to the side of the bed.
4. Transfer the patient or have the patient transfer to the stretcher.
5. Move the stretcher away from the bed.
6. Touching the draped sheet on the outside only, pull the sides up and over the patient, with the edges together.
7. Fan fold the sheet from above the patient down to the patient. Leave the patient's face exposed.

   NOTE: The contamination should be only on the inside of the sheet with the patient.
8. Remove protective apparel and discard.
9. Wash hands.
10. Use paper towels to open the door of the isolation area and to push the stretcher out of the room. Discard the towels as you leave the room.

SUMMARY AND CONCLUSION:

Review the steps of procedure.

LESSON PLAN: 4

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

INTERACTION ITEMS:

1. When preparing the stretcher, why is an extra mask, gown, and gloves placed under the stretcher?
2. Why is just the outside of the draped sheet touched when the patient is covered up?
3. How is the stretcher kept from contamination when pushing it out of the isolation area?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have the students practice the procedure in groups of three (one role-playing a patient while the other two role-play aides).

LESSON PLAN: 4

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VI INFECTION CONTROL

EVALUATION ITEMS

NAME OF STUDENT ______________________

TRANSPORTING THE ISOLATION PATIENT

EQUIPMENT:

1. Hospital bed
2. Stretcher with pad
3. Two sheets
4. An extra sterile gown, mask, and gloves
5. One extra person to assist

DID THE STUDENT:	YES	NO
Prepare the Stretcher for Transporting Patient Outside the Isolation or Treatment Area		
1. Place the sheet on the stretcher pad tucking all edges under.		
2. Place an extra mask, gown, and gloves under the stretcher.		
3. Drape the second sterile sheet on the stretcher correctly.		
Prepare Self and Patient		
1. Put on the protective apparel correctly.		
2. Place a mask and gown on the patient.		
3. Position the stretcher at bedside correctly.		
4. Transfer, or have patient transfer, using good body mechanics.		

DID THE STUDENT:	YES	NO
5. Move stretcher away from bed.		
6. Fold the draped sheet over the patient without touching the inside of the sheet.		
7. Fan fold the sheet, leaving the patient's face exposed.		
8. Remove protective apparel correctly.		
9. Wash hands.		
10. Use paper towels to open door and push stretcher out, leaving the towels in the isolation area.		

The student has satisfactorily completed the procedure "TRANSPORTING THE ISOLATION PATIENT" according to the steps outlined.

DATE

INSTRUCTOR'S SIGNATURE
(VERIFYING SATISFACTORY COMPLETION)

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

SCOPE OF UNIT:

This unit covers the general maintenance duties of the physical therapy aide. Lesson topics include guidelines for management of linen, supplies, and storage, responsibilities involved in maintaining the booth area, and what the aide must know to properly maintain the gym area.

INFORMATION TOPIC: X OR DEMONSTRATION:

GENERAL RESPONSIBILITIES
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List types of linen stored in the physical therapy department.
2. List categories of supplies stored in the physical therapy department.
3. State the total amount of linen that should be stored in the physical therapy department.
4. State the total amount of supplies that should be stored in the physical therapy department.
5. State when linens and supplies should be restocked.
6. State the amount of linen and supplies to be stocked at each work area in the physical therapy department.
7. List the general supplies that should be stocked in all areas.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Kickok, Robert, ed. Physical Therapy Administration and Management. 2nd ed. Baltimore: Williams and Wilkens Publishers, 1982.

INTRODUCTION:

It is usually the responsibility of the physical therapy aide to keep the linens and general supplies of the department ordered, stocked in the storage area, and distributed daily to the specific treatment areas. This lesson introduces the various types of linen and supplies, the amount needed, how to order those linens and supplies, and how to check and resupply specific areas.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

OUTLINE: (Key Points)

I. Types of Linen and Supplies
    A. Linen (II-1)
        1. Sheets (regular and sterilized)
        2. Pillow covers
        3. Towels
        4. Wash cloths
        5. Blankets
    B. Supplies (II-2)
        1. Assistive devices for the gym
            a. Crutches
            b. Canes
            c. Walkers
        2. Hydrotherapy supplies
            a. Blankets
            b. Disinfectant
            c. Sterile sheets with current dates
            d. Surgical gloves
            e. Sterile gowns
            f. Sterile masks

3. Booth area supplies

    a. Lotion for massage

    b. Conducting gel for ultrasound and electrical stimulation equipment

4. General supplies needed in all areas

    a. Emesis basins

    b. Paper cups

    c. Facial tissue

II. Total Amount of Linen and Supplies Needed

A. Linen - three-day supply (amount depends on the types of patients treated and number of treatments daily)

B. Supplies - one- or two-month supply (amount depends on the types of patients treated and number of treatments)

III. Restocking Linen and Supplies (II-3)

A. Linen

1. Restock at the beginning or end of each work day.

2. Notify the laundry room personnel of the quantity of each item needed (by phone or take a list to the laundry room) and pick up items.

3. Have a main stock area (closet or cabinets) within the department for these items.

B. Supplies

1. Restock when down to the last week's supply.

2. Order from central supply or private supplier.

3. Stock in a central supply area.

IV. Resupplying Areas Within the Department

A. At the beginning or end of each work day the supply of linen should be checked in each area of the department.

B. Put enough towels, sheets, pillow covers and wash cloths at each area to last two days.

  1. Treatment tables

  2. Moist heat pack and cold pack area

  3. Hydrotherapy

  4. Gym

C. Check and replace the amount of supplies (lotion, gel, emesis basins, facial tissue, and other needed supplies) at each treatment table and station in hydrotherapy and the gym.

V. Summary and Conclusion

  A. Types of linen and supplies

  B. Total amount of linen and supplies needed

  C. Restocking linen and supplies

  D. Resupplying areas within the department

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

INTERACTION ITEMS:

1. What kinds of linen are needed in a physical therapy department?
2. What supplies might a physical therapy aide be responsible for keeping stocked and distributed in the department?
3. When does resupplying and stocking usually take place?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

EVALUATION ITEMS

Complete these sentences by writing in the correct word or words.

1. List four types of linen stored in the physical therapy department.

    a. ____________________

    b. ____________________

    c. ____________________

    d. ____________________

2. List three general categories of supplies stored in the physical therapy department.

    a. ____________________

    b. ____________________

    c. ____________________

3. The total amount of linen that should be stored in the PT department is: (Circle the correct answer.)

    a. Enough for one month
    b. As much as the aide can carry in one trip to the storage area
    c. Three-day supply
    d. Five-day supply

4. Supplies should be stocked in quantities estimated to last for: (Circle the correct answer.)

    a. One to two months
    b. One week
    c. Two weeks
    d. Six months

5. Linens and supplies should be restocked at the ________________________ or of the work day. (Fill in the blanks.)

6. Each work area should be stocked with enough linen and supplies to last __________________. (Fill in the blank.)

7. All areas should have the following three (3) supply items stocked:

a. ____________________

b. ____________________

c. ____________________

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

ANSWERS TO EVALUATION ITEMS

1. The student may list any four of the following:
   - a. Sheets
   - b. Pillow covers
   - c. Towels
   - d. Wash cloths
   - e. Blankets

2. The student may list any three of the following:
   - a. Assistive devices for the gym
   - b. Hydrotherapy supplies
   - c. Both area supplies
   - d. General supplies needed in all areas

3. c
4. a
5. beginning, end
6. 2 (two) days
7. Students should include the following (in any order):
   - a. Emesis basin
   - b. Paper cups
   - c. Facial tissue

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

SCOPE OF UNIT:

This unit covers the general maintenance duties of the physical therapy aide. Lesson topics include guidelines for management of linen, supplies, and storage, responsibilities involved in maintaining the booth area, and what the aide must know to properly maintain the gym area.

INFORMATION TOPIC: X OR DEMONSTRATION:

MAINTAINING THE BOOTH AREA
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List the four general responsibilities of the aide in maintaining the booth area.
2. Describe the procedure for placement of moist heat packs and cold packs in the machines.
3. Describe appropriate care of the moist heat pack covers.
4. List the three main duties for the aide at the end of the work day or designated period.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Booth Area Responsibilities

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

To insure the most efficient use of the physical therapist's and physical therapist assistant's time, it is the aide's responsibility to be sure the booth treatment area is ready for the next patient's treatment. This means that as soon as a patient leaves the booth, the aide should clean and prepare it for the next patient. This lesson will describe the necessary procedure for preparing the booth.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

OUTLINE: (Key Points)

I. Cleaning the Booth Area - done immediately after patient treatment

  A. Return moist heat packs or cold packs to the machine.

  B. Place pack covers in the proper place.

  C. Return treatment machines to proper place. (II-1)

  D. Strip linen from treatment table and place in laundry hamper.

  E. Pick up clutter in the area.

II. Returning Equipment

  A. To insure that the best heat or cold is supplied to the next patient, therapists will usually take the front moist heat or cold pack. Therefore, the most efficient method of returning the packs is to move the packs already in the machine forward and return used packs to the back of the machine.

  B. Hang the moist heat pack covers so they will dry between uses.

  C. Send the moist heat pack covers to the laundry at least once each week. (II-2)

  D. Wipe off treatment machines and return them to the storage area. (Treatment machines, such as ultrasound or diathermy, are best stored in a central area so they are available for use in all booths.) (II-3)

  E. Return items from other areas in the department.

III. Preparing the Booth

  A. Place a clean sheet on the treatment table.

  B. Place clean pillow covers on the pillows.

IV. Performing Routine Duties at End of Work Day or Other Designated Times

  A. Empty laundry hampers.

B. Resupply linens at each work station (treatment tables, hot pack machine, cold pack machine).

C. Check and restock supplies in the area (tissue, gel, lotion, other needed supplies).

V. Summary and Conclusion (TM 1)

A. Cleaning the booth area

B. Returning equipment

C. Preparing the booth

D. Performing routine duties at end of work day or other designated times

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

INTERACTION ITEMS:

1. What is done with an ultrasound machine left in the booth?

2. How often should the moist heat pack covers be laundered?

3. What kind of routine maintenance should the aide perform prior to returning machines to the storage area?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

EVALUATION ITEMS

1. List the four general duties of the aide in maintaining the booth area.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

2. Describe the procedure which insures the best temperature for moist heat pack or cold pack for the next patient when placing a used pack back into the machine.

3. At the end of a moist heat pack treatment the hot pack cover is

   ____
   (Complete the sentence.)

4. List three duties the aide should perform at the end of a designated work period.

   a. ______________________________

   b. ______________________________

   c. ______________________________

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

ANSWERS TO EVALUATION ITEMS

1. a. Clean the area immediately after a patient treatment
   b. Return equipment to proper area
   c. Prepare the booth for the next patient
   d. Complete routine duties at designated times

2. Move the packs already in the machine to the front and place used packs at the back.

3. Hung up to dry

4. The following answers may occur in any order:

   a. Empty laundry hampers
   b. Resupply linens at each work station
   c. Check and restock other supplies (tissue, gel, etc.)

Booth Area Responsibilities

1. Clean the Area
2. Return Equipment
3. Prepare the Booth
4. End of Work Duties

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

SCOPE OF UNIT:

This unit covers the general maintenance duties of the physical therapy aide. Lesson topics include guidelines for management of linen, supplies, and storage, responsibilities involved in maintaining the booth area, and what the aide must know to properly maintain the gym area.

INFORMATION TOPIC: X OR DEMONSTRATION:

MAINTAINING THE GYM AREA
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List three of the four general duties of the aide in maintaining the gym area.
2. Describe what to do with equipment when a patient has completed a work period in the gym area.
3. Describe cleaning of mats and tilt tables at the end of the work period.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: General Duties in Maintaining the Gym Area

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

The gym is a very active area -- patients are exercising, walking, talking and waiting. It can also become a very inefficient work area unless order is maintained. It is the job of the aide to keep the area free of used equipment and trash as well as stock miscellaneous supplies. It is also an aide's responsibility to clean the mats and tables at the end of the work day in preparation for the next day. This lesson will provide information concerning these responsibilities.

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

OUTLINE: (Key Points)

I. Equipment Storage (II-1)

   A. Clear equipment that is no longer needed (such as sandbags, barbells, crutches and canes) from the gym work area.

   B. Equipment not being used between patients should be returned to the proper storage place.

II. Trash and Clutter

   A. Be observant and look for trash and clutter that might be a hazard to others.

(II-2)

      1. Patients, such as diabetics, may need a snack and leave wrappers or left-overs in the area.

      2. Elastic bandages may be left on the mat.

      3. Papers, forms, or medical paperwork may be forgotten and left in the area.

   B. Pick up and dispose of trash.

   C. Pick up clutter and put it in the appropriate place.

III. Equipment Cleaning and Preparation

   A. At the end of a work period the equipment should be cleaned and prepared for the next work period.

   B. Use a towel to wipe dust from the exercise equipment (weights, parallel bars).

   C. If equipment is contaminated with something other than dust, wipe it off with alcohol.

   D. Wipe off all mats and tilt tables with a towel soaked in rubbing alcohol.

IV. Miscellaneous Supplies

   A. Keep facial tissue supplies in designated areas.

B. Keep designated number of elastic bandages supplied.

C. Keep lotions and alcohol stocked.

D. Keep other items stocked in appropriate places.

V. Summary and Conclusion (TM 1)

A. Equipment storage

B. Trash and clutter

C. Equipment cleaning and preparation

D. Miscellaneous supplies

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

INTERACTION ITEMS:

1. What are some general duties for maintaining the gym?
2. What should the aide do if there is a pile of elastic bandages on the mat and the patient using them has left the gym area?

CLASSROOM, LABORATORY, OTHER ACTIVITIES:

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

EVALUATION ITEMS

1. List below three (3) of the four general duties of the aide in maintaining the gym area.

   a. ______________________________

   b. ______________________________

   c. ______________________________

2. After a patient has used a barbell weight, the weight should be: (Circle the correct answer)

   a. Left on the mat for the next patient

   b. Returned to its storage place

   c. Disposed of

   d. Placed on the floor

3. Complete this sentence:

   At the end of the work period (day) the mats should be cleaned with

   ____

LESSON PLAN: 3

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VII MAINTAINING THE TREATMENT AREA

ANSWERS TO EVALUATION ITEMS

1. Any three (3) of the following:

   a. Keep equipment in its proper place
   b. Dispose of trash and clutter
   c. Clean equipment
   d. Check miscellaneous supplies

2. b

3. A towel soaked in alcohol

General Duties in Maintaining the Gym Area

1. Keep Equipment Stored
2. Dispose of Trash and Clutter
3. Clean Equipment
4. Check Miscellaneous Supplies

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

SCOPE OF UNIT:

In this unit the student will learn to prepare the whirlpool for a treatment and clean the tank following the treatment. The unit consists of two demonstration lessons.

INFORMATION TOPIC: OR DEMONSTRATION: X

PREPARING THE WHIRLPOOL
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Prepare the whirlpool for patient treatment according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Whirlpool and all attachments*
2. Disinfectant
3. Wash cloths for cold forehead compresses
4. Drinking water close by
5. Whirlpool chair or stool
6. Padding material for arm on side of tank
7. Towels or blanket for drying

*Whirlpool and attachments may be available in other areas of your school (such as the athletic department) or through cooperative arrangement with a local health care facility.

INFORMATIONAL ASSIGNMENT: (Student)

Downer, Ann. Physical Therapy Procedures. 2nd ed. Springfield, IL: Charles Thomas Publishing, 1975. pp. 28-29

REFERENCES: (Instructor's Additional Information)

Downer, Ann. Physical Therapy Procedures. 2nd ed. Springfield, IL: Charles Thomas Publishing, 1975.

INTRODUCTION:

Preparation and cleaning of the whirlpools is usually the job of the physical therapy aide. This entails knowledge of proper water temperature, how far to fill the tank, checking the turbine, using disinfectant and getting all materials ready. Correct completion of the steps is important for the patient's safety and comfort. This lesson will cover preparation of the whirlpool for patient treatment.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

STEPS OF PROCEDURE

1. Select a clean whirlpool of the proper size (if available).

2. Select the most comfortable position for the patient.

3. Close the whirlpool drain.

4. Adjust the water temperature to between 96° and 105°F as whirlpool is being filled.

5. Fill whirlpool approximately two-thirds full of water.

6. Check that agitator intakes are well covered with water.

   CAUTION: Do not overfill the tank. (Some tanks do not have overflow drains. Also, if the tank is very full, placing the body part into the water and/or the agitator pressure may cause the water to overflow.)

7. Be sure turbine is grounded.

8. Check that the line cord plug is secure.

9. Turn on the turbine and adjust the water pressure and air bubbles to a soft flow. (Never turn on the turbine unless the water intakes are well covered with water and never cover the air intakes on the motor.)

10. Add disinfectant when treating an open or infected lesion or when needed as a psychological aid.

11. Have other needed materials ready and placed nearby for patient use.

    a. Cephalic cold compresses
    b. Drinking water
    c. Wash cloths
    d. Towels
    e. Padding

12. Lock whirlpool chair or stool casters in place.

SUMMARY AND CONCLUSION

Review steps of procedure.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

INTERACTION ITEMS:

1. What is the usual water temperature range of a whirlpool?
2. Why is it important NOT to overfill the tank?
3. When should a disinfectant be used?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have students fill and prepare a whirlpool for patient treatment.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

EVALUATION ITEMS

NAME OF STUDENT ______________________

PREPARING THE WHIRLPOOL

EQUIPMENT:

1. Whirlpool with attachments
2. Disinfectant
3. Wash cloths
4. Drinking water
5. Whirlpool chair or stool
6. Padding material for arm on side of tank
7. Towels and/or blanket for drying

DID THE STUDENT:	YES	NO
1. Select a clean whirlpool of the proper size.		
2. Select the correct position for the patient.		
3. Close the whirlpool drain.		
4. Adjust water to proper temperature as whirlpool is being filled.		
5. Fill the whirlpool to the proper level.		
6. Be sure that agitator intakes are well covered with water.		

DID THE STUDENT:		YES	NO
7.	Check that the turbine is grounded.		
8.	Check that the line cord plug is secure.		
9.	Turn on the turbine and check for proper water pressure and air flow.		
10.	Add disinfectant.		
11.	Get other needed materials ready and placed nearby.		
12.	Lock the casters of the whirlpool chair or stool.		

The student has satisfactorily completed the procedure "PREPARING THE WHIRLPOOL" according to the steps outlined.

DATE

INSTRUCTOR'S SIGNATURE
(VERIFYING SATISFACTORY COMPLETION)

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

SCOPE OF UNIT:

In this unit the student will learn to prepare the whirlpool for a treatment and clean the tank following the treatment. The unit consists of two demonstration lessons.

INFORMATION TOPIC: OR DEMONSTRATION: X

STERILIZING THE WHIRLPOOL
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT WILL BE ABLE TO:

1. Sterilize the whirlpool tank and turbine according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Whirlpool and turbine*
2. Long-handled brush
3. Rubber gloves
4. Disinfectant

*Whirlpool and attachments may be available in other areas of your school (such as the athletic department) or through cooperative arrangement with a local health care facility.

INFORMATIONAL ASSIGNMENT: (Student)

Downer, Ann. Physical Therapy Procedures. 2nd ed. Springfield, IL: Charles Thomas Publishing, 1975. pp. 32-33.

REFERENCES: (Instructor's Additional Information)

Downer, Ann. Physical Therapy Procedures. 2nd ed. Springfield, IL: Charles Thomas Publishing, 1975.

INTRODUCTION:

The whirlpool is an ideal environment for growth of bacteria. If allowed to grow, bacteria could pose a threat of infection to certain patients. This would be detrimental to the healing process and infection could be spread from one patient to another, or even to you as the aide. To prevent contamination and spread of infection, the whirlpool must be sterilized following each treatment. This demonstration lesson will cover the recommended steps for sterilizing a whirlpool, followed by actual practice of this procedure.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

STEPS OF PROCEDURE:

1. Put on rubber gloves.
2. Completely drain the tank.
3. Scrub the tank, agitator and any equipment used in the tank with a brush and a disinfectant.
4. Leave the equipment in the tank.
5. Refill the tank with water that is at least 115°F.
6. Add at least four ounces of a strong disinfectant.
7. Use a long-handled brush to wash the tank sides, turbine tubes and other surfaces while running the agitator for five minutes.
8. Turn off the agitator and wash the underside and up into the agitator intake tubes.
9. Drain the tank, leaving any equipment on the bottom of the tank.
10. Refill with hot water (as hot as possible).
11. Let water stand for at least five minutes, then add cold water or allow the hot water to cool sufficiently to allow you to put your hand into it.
12. Rinse the sides of the tank and the equipment.
13. Drain the tank.
14. Remove all equipment.
15. Soak a sponge in the disinfectant and scrub the sides of the tank and agitator tubes.
16. Allow the tank to dry for at least thirty minutes before refilling for the next patient.

SUMMARY AND CONCLUSION

Review steps of procedure.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

INTERACTION ITEMS:

1. How hot should the temperature of the water be on the first cleaning refill?
2. How many ounces (minimum) of strong disinfectant should be used?
3. Why is the agitator run for five minutes in the disinfectant solution?
4. How hot should the second refill be?
5. How long is the recommended drying time after the sponge-disinfectant scrub and before the next patient?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Have each student drain, clean, and sterilize a whirlpool.

LESSON PLAN: 2

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT VIII HYDROTHERAPY

EVALUATION ITEMS

NAME OF STUDENT ______________________________

STERILIZING THE WHIRLPOOL

EQUIPMENT:

1. Whirlpool and turbine
2. Long-handled brush
3. Rubber gloves
4. Disinfectant

DID THE STUDENT:	YES	NO
1. Put on rubber gloves.		
2. Drain the tank completely.		
3. Scrub the tank with disinfectant.		
4. Leave the equipment in the tank.		
5. Refill with water that is at least 115° F.		
6. Add at least four ounces of disinfectant.		
7. Wash tank sides, turbine tubes and other surfaces with long-handled brush while running agitator for five minutes.		
8. Turn off the agitator and scrub the underside and up into the agitator tubes.		

DID THE STUDENT:	YES	NO
9. Drain the tank, leaving any equipment on the bottom of the tank.		
10. Refill with water (as hot as possible).		
11. Let water stand for at least 5 minutes, then add cold water or allow the hot water to cool sufficiently to allow aide to put hand into it.		
12. Rinse the sides of the tank and the equipment.		
13. Drain the tank.		
14. Remove all equipment.		
15. Scrub sides of tank and agitator tubes with sponge soaked in disinfectant.		
16. Allow the tank to dry for 30 minutes before refilling.		

The student has satisfactorily completed the procedure "STERILIZING THE WHIRLPOOL" according to the steps outlined.

DATE

INSTRUCTOR'S SIGNATURE
(VERIFYING SATISFACTORY COMPLETION)

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IX AMBULATION TECHNIQUES FOR THE AIDE

SCOPE OF UNIT:

This unit will provide information for the aide to assist patients in practice of gait after the patient has learned the gait from the physical therapist or the physical therapist assistant. This will be accomplished through one information lesson.

INFORMATION TOPIC: X OR DEMONSTRATION:

INTRODUCTION TO AMBULATION
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. Describe the first step in preparation for ambulation of a patient.
2. Identify placement of crutches when assisting an orthopedic patient to a standing position.
3. Identify crutch removal technique when assisting an orthopedic patient to a sitting position.
4. Describe the aide's position when assisting a hemiplegic patient with a cane to rise from a chair.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1.	TM 1:	Assisting the Orthopedic Patient to Stand With Crutches
2.	TM 2:	Assisting the Orthopedic Patient to Sit With Crutches
3.	TM 3:	Assisting the Hemiplegic Patient to Stand With a Cane
4.	TM 4:	Assisting the Hemiplegic Patient to Sit With a Cane
5.	TM 5:	Assisting the Weak Patient to Stand With a Walker (Method I)
6.	TM 6:	Assisting the Weak Patient to Sit With a Walker (Method I)

7. TM 7: Assisting the Weak Patient to Stand With a Walker (Method 2)

8. TM 8: Assisting the Weak Patient to Sit With a Walker (Method 2)

9. TM 9: Position of Aide During Ambulation

INFORMATIONAL ASSIGNMENT: (Student)

Minor, Duesterhaus. Patient Care Skills. Reston, VA: Reston Publishing Co., 1984. pp 135-229.

REFERENCES: (Instructor's Additional Information)

Krusen, et al. Handbook of Physical Medicine and Rehabilitation. 2nd ed. Philadelphia: W.B. Saunders Co., 1971.

INTRODUCTION:

Once a patient has been trained in the basic procedure of gait, it becomes the aide's responsibility to ambulate with the patient to insure safety until the patient is capable of being independent. This lesson will provide the basic information concerning ambulation, including techniques for standing, ambulating, and preparing a patient for returning to the wheelchair.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IX AMBULATION TECHNIQUES FOR THE AIDE

OUTLINE: (Key Points)

I. Preparation for Ambulation

  A. Place a walking belt on the patient. (This will give you a handle for control of the patient should he/she lose his/her balance.)

  B. Properly position and lock the wheelchair in place.

II. Assisting the Orthopedic Patient to Stand and Sit With Crutches

  A. Standing with crutches (TMI)

    1. Before coming to a standing position, the wheelchair must be properly positioned and locked. The stronger leg is placed on the floor and the footrest on the side of the wheelchair is removed or swung out of the way.

    2. If the patient is unable to bend his/her knee, an elevating legrest is used to support the leg while sitting. In order to provide room for maneuvering, this legrest must be removed or pivoted to the side before the patient stands.

    3. To accomplish this, the aide supports the involved leg with one hand and removes the legrest with the other hand.

    4. The patient then scoots to the front edge of the seat of the wheelchair.

    NOTE: Crutches must be placed close at hand before the patient starts scooting forward.

    5. If the patient can tolerate the movement, the involved leg is lowered to the floor before the patient attempts to stand. If not, the leg is gradually lowered as the patient stands.

    6. Using the handgrips, the patient grasps both crutches with the hand of the stronger side. The patient pushes to a standing position using the crutches on the stronger side and the armrest of the wheelchair on the weaker side.

    7. The aide holds the patient by grasping the gait belt and lowering the involved extremity if necessary. If the patient needs more help, an assistant lowers the leg while the aide guards the patient

on the stronger side by grasping the gait belt and holding onto the patient's shoulder.

8. Once the standing position is attained and the weight is being borne on the stronger side, the patient reaches across for a crutch.

9. The crutch is properly positioned in the axilla.

10. The other crutch is then properly positioned in the axilla.

B. Sitting with crutches (TM2)

1. To sit, the patient walks toward the wheelchair, turns toward the stronger side, and backs up until the front edge of the wheelchair seat is felt against the back of the legs. The aide stands on the involved side so that he/she is in a position to maneuver the patient's involved leg.

2. The crutch on the patient's stronger side is removed from the axilla and held by the handgrip only.

3. The other crutch is removed from the axilla and both crutches are held by the handgrips on the patient's stronger side.

4. With the aide holding the gait belt and assisting the involved leg (if necessary), the patient reaches for the wheelchair armrest.

5. As the patient lowers to sitting, the aide may need to elevate the patient's leg.

6. The patient's leg is then placed in the appropriate position on the elevating legrest. The crutches are placed to the side, and the patient can adjust his/her position in the wheelchair.

III. Assisting the Hemiplegic Patient to Stand and Sit With a Cane

A. Standing with standard cane (TM3)

1. Before starting, the wheelchair must be properly positioned, locked, and the footrests removed or pivoted out of the way.

2. The patient scoots to the front edge of the seat.

3. When using a standard cane, the patient holds the cane in hand while grasping the armrest.

(II-1)

4. The patient's feet are placed on the floor together or in stride, close to the front edge of the wheelchair seat.

5. Initiating the movement with trunk flexion, the patient then pushes to a standing position using one or both arms.

6. The aide stands slightly behind and to the patient's side with the

cane. One hand grasps the gait belt and the other hand is placed on the patient's shoulder.

7. A patient who has the use of both arms places both hands on the respective armrests to assist in raising or lowering.

B. Standing using a quad cane

1. When a quad cane is used, the quad cane is positioned slightly in front and to the side of the patient.

2. The patient moves to standing by pushing with the strong hand on the armrest.

3. Once standing, the patient grasps the quad cane.

C. Sitting with cane (TM 4)

1. To return to a sitting position, the patient walks to the wheelchair and checks that it is properly positioned, locked, and that footrests are out of the way.

2. The patient then turns and backs up until the front edge of the wheelchair seat is felt at the backs of the knees.

3. Reaching back with one arm at a time, the patient grasps the armrests and lowers him/herself into the wheelchair.

4. The patient can then secure the cane, adjust the footrests and get in a comfortable position in the wheelchair.

5. The aide remains in the same relative position throughout, assisting when needed by controlling balance, turning, and lowering into the wheelchair.

IV. Assisting the Weak Patient to Stand and Sit With a Walker

A. Method I: Standing with a walker (TM 5)

1. The wheelchair must be positioned, locked, and the footrests removed or swung out of the way.

2. The patient moves to the front edge of the wheelchair seat and places his/her feet on the floor close to the front edge of the wheelchair seat.

3. The feet should be in stride position with the stronger foot forward.

4. The hand on the stronger side grasps and pushes down on the handgrip of the walker. This insures that the patient is moving into his/her strength.

(II-2)

5. The patient pushes to standing using one handgrip of the walker and one armrest of the wheelchair.

6. The patient's other hand is then placed on the other walker handgrip.

B. Method 1: Sitting with a walker (TM 6)

1. To sit, the patient walks to the wheelchair, turns toward the stronger side, and walks backward until the front edge of the wheelchair seat is felt against the back of the legs.

2. The feet are in stride position, with the stronger leg back.

3. The patient reaches backward for the armrest with the arm on the stronger side first.

4. The patient slowly lowers to a sitting position.

5. The other hand is moved to the armrest, and the patient adjusts the sitting position.

6. The aide moves as the patient moves, maintaining a position behind and to the side of the patient.

C. Method 2: Standing with a walker (TM7)

1. The wheelchair must be positioned, locked, and the footrests removed or swung out of the way.

2. The patient places the hand of the stronger side on the crossbar of the walker.

3. The other hand is placed on the armrest.

4. The feet are placed in a stride position, with the stronger foot forward.

5. The patient pushes to standing and then moves the hand from the wheelchair armrest to the handgrip of the walker.

6. The hand on the crossbar of the walker is then moved to the handgrip of the walker.

D. Method 2: Sitting with a walker (TM 8)

1. To sit, the patient reverses the process. With the hand of the weaker side on the crossbar, the patient places the hand of the stronger side on the wheelchair armrest.

2. The feet are in stride position, with the stronger leg back.

3. The patient slowly lowers to a sitting position.

V. Position of Aide During Ambulation (Generally the Same With All Patients) (TM 9)

(II-3)

A. Stand on weak or involved side of patient.

B. Stand slightly behind the patient (1/2 step).

C. Place hand on back of walking belt.

D. Place the other hand on shoulder of involved side.

VI. Summary and Conclusion

A. Preparation for ambulation

B. Assisting the orthopedic patient to stand and sit with crutches

C. Assisting the hemiplegic patient to stand and sit with a cane

D. Assisting the generally weak patient to stand or sit with a walker

E. Position of aide during ambulation

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IX AMBULATION TECHNIQUES FOR THE AIDE

INTERACTION ITEMS:

1. How does the patient hold the cane while getting up and down from a chair?
2. When a patient is rising to a walker, which hand (stronger or weaker) grasps and pushes down on the handgrip of the walker?
3. Where does the aide usually stand when ambulating patients?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Practice (in pairs) rising, ambulating, and returning to the chair.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT IX AMBULATION TECHNIQUES FOR THE AIDE

EVALUATION ITEMS

1. Complete this sentence:

   The first step in preparing a patient for ambulation is to

   ____

2. When standing an orthopedic patient with crutches, the crutches are held on the side. (Circle the correct answer)

   a. Stronger

   b. Weaker

3. When getting ready to sit, the orthopedic patient removes the crutch on the ______________ side first. (Circle the correct answer)

   a. Stronger

   b. Weaker

4. Complete this sentence:

   When a hemiplegic patient is rising from a chair to use a cane, the position of the aide is

   ____

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

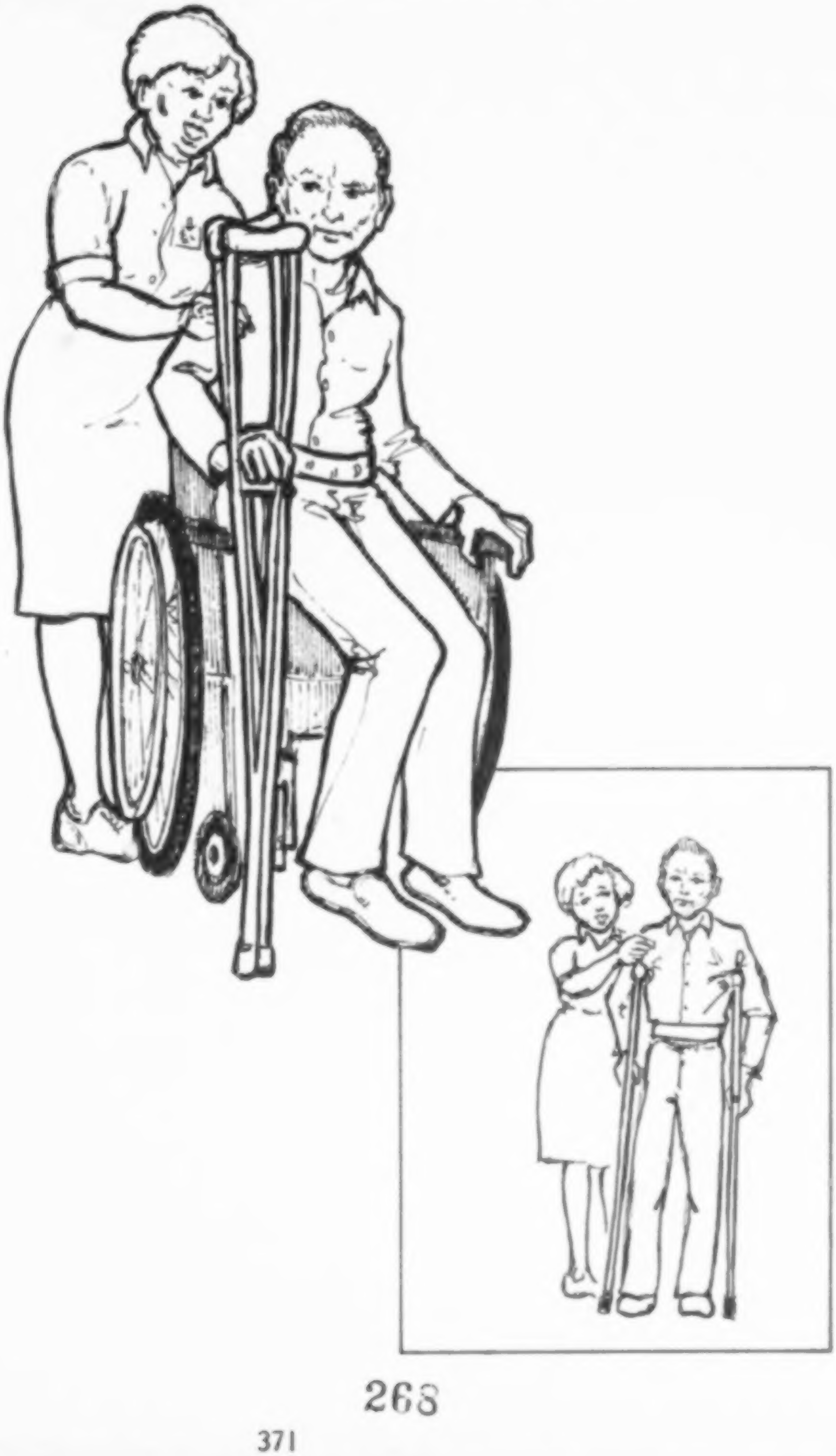
UNIT IX AMBULATION TECHNIQUES FOR THE AIDE

ANSWERS TO EVALUATION ITEMS

1. Place a walking belt on the patient
2. a
3. a
4. Slightly behind and to the side of the patient

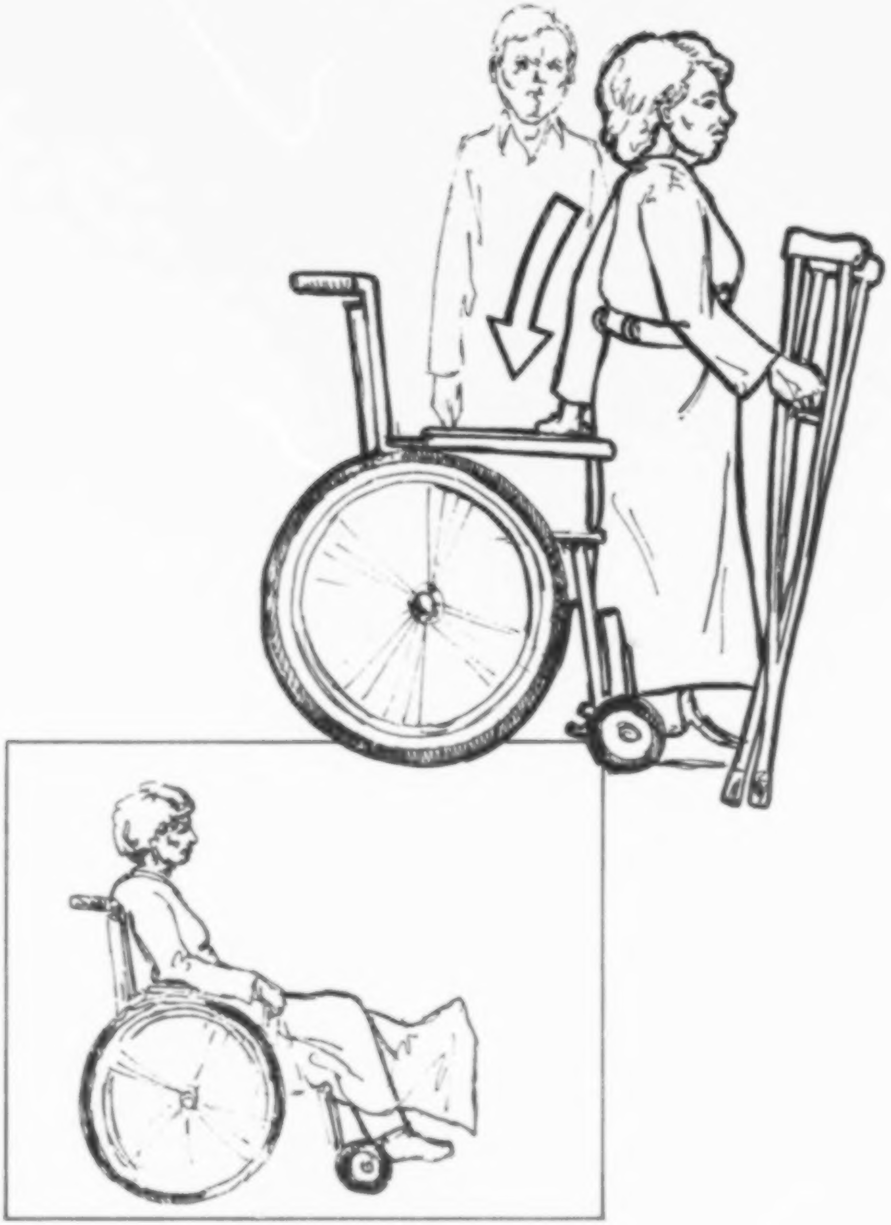
TM 1

Assisting The Orthopedic Patient To Stand With Crutches



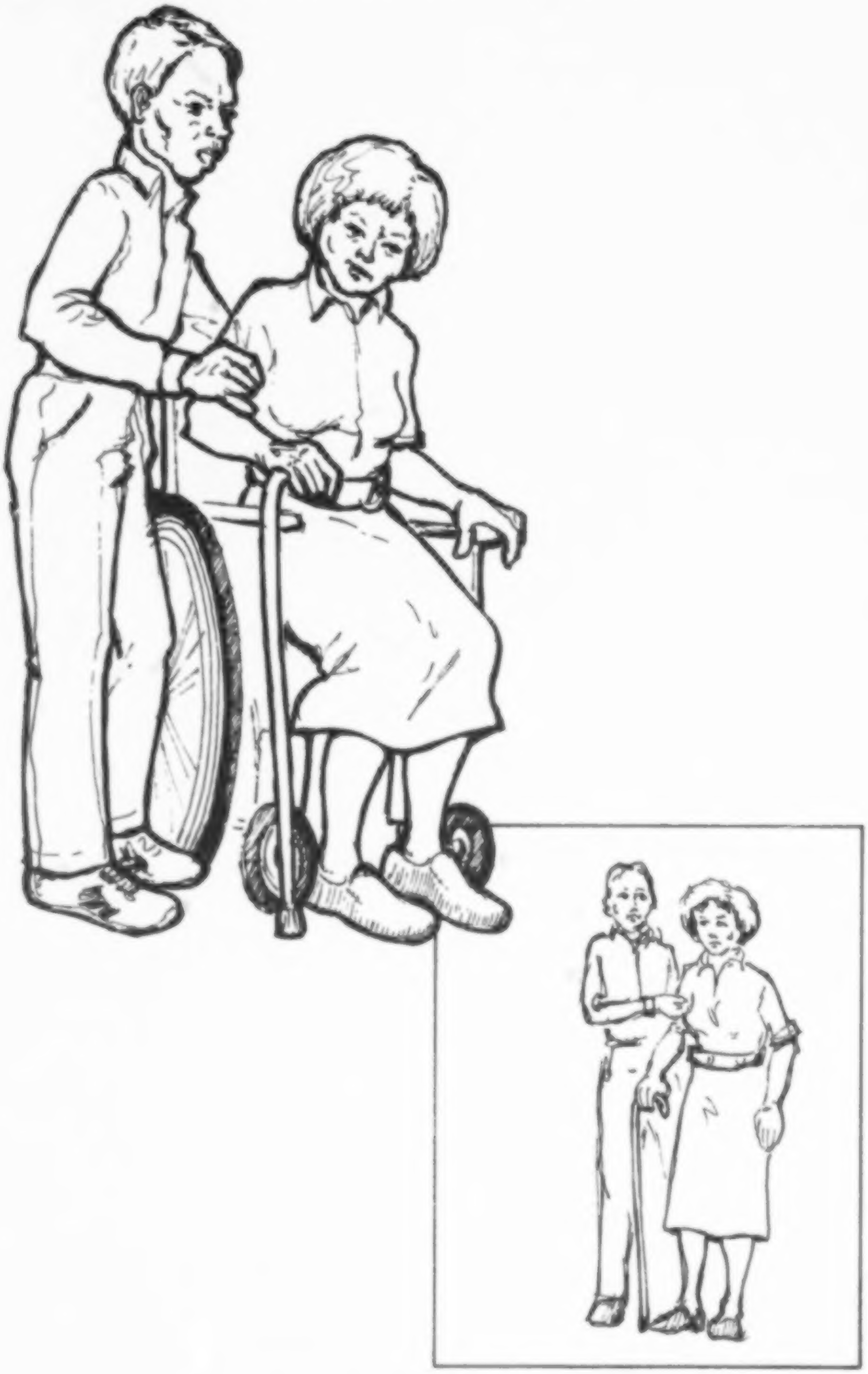
TM 2

Assisting The Orthopedic Patient To Sit With Crutches



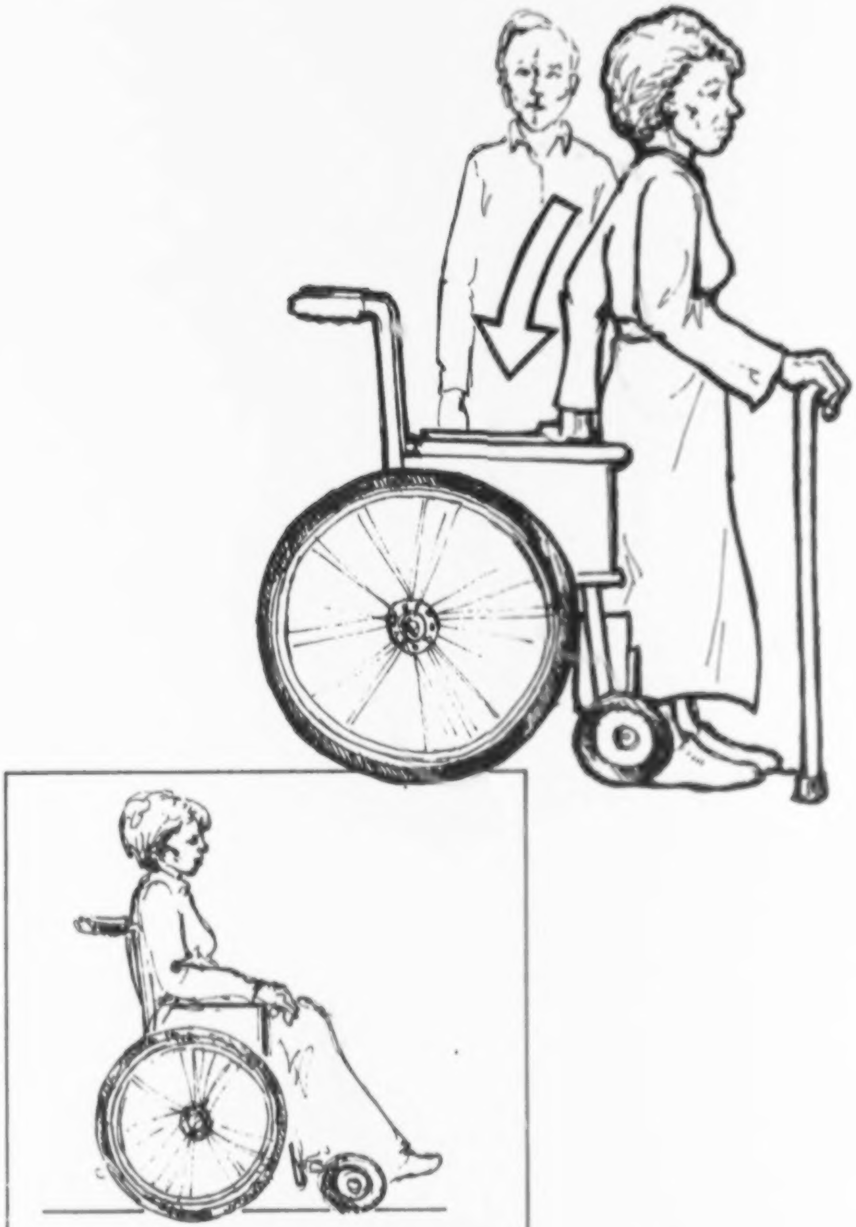
TM 3

Assisting The Hemiplegic Patient To Stand With A Cane

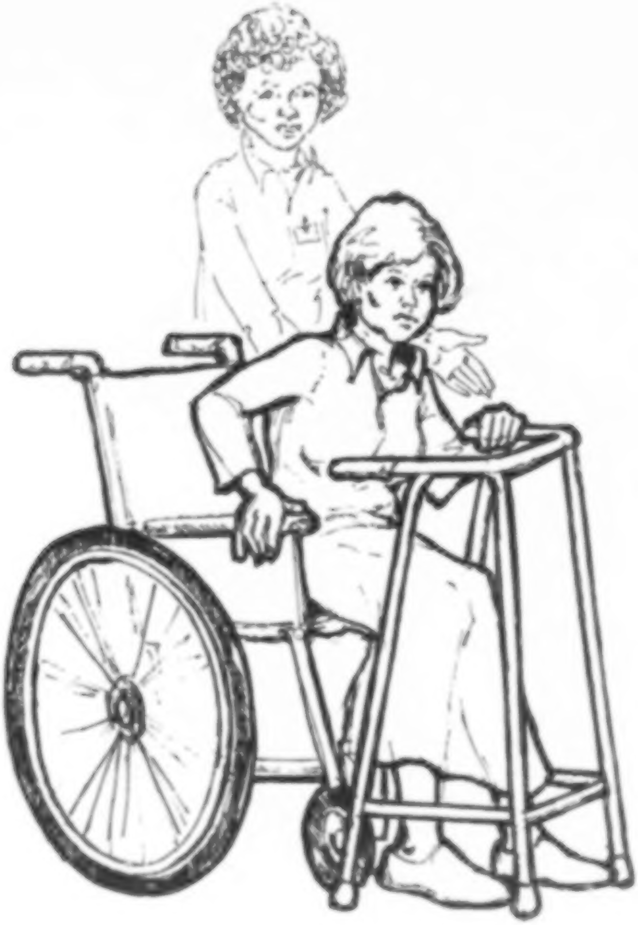


TM 4

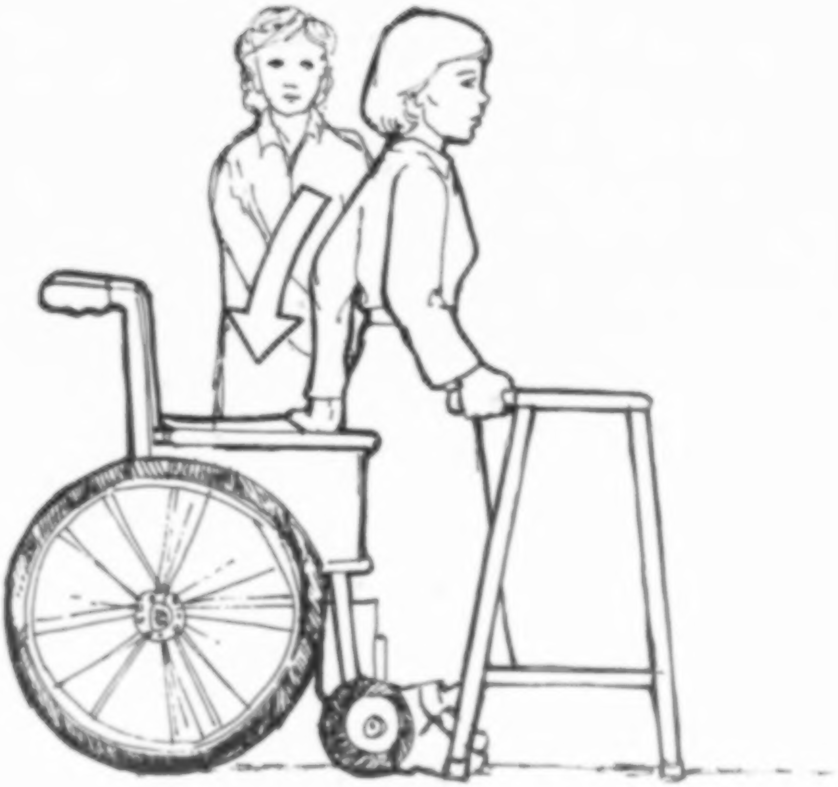
Assisting the Hemiplegic Patient To Sit With A Cane



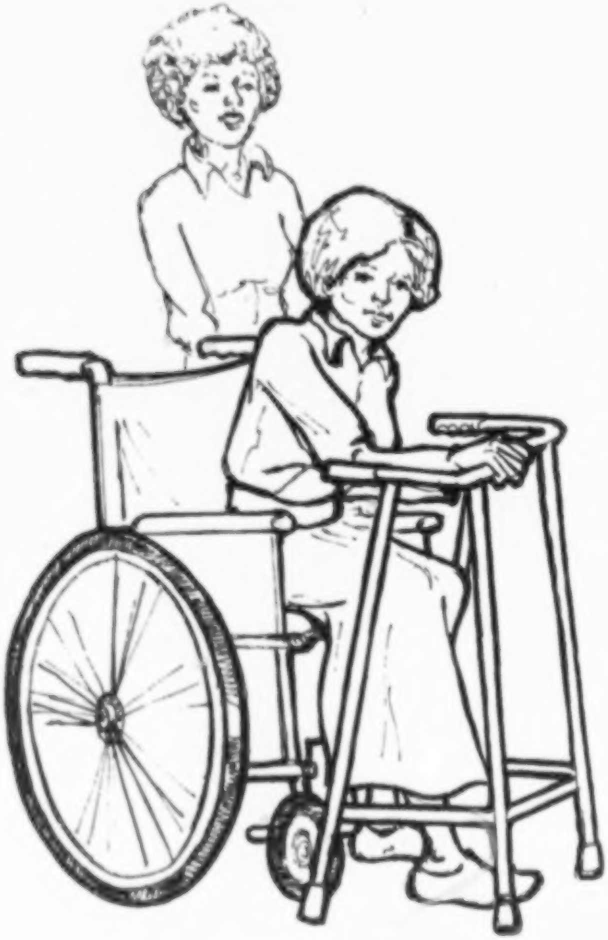
Assisting The Weak Patient To Stand With A Walker (Method 1)



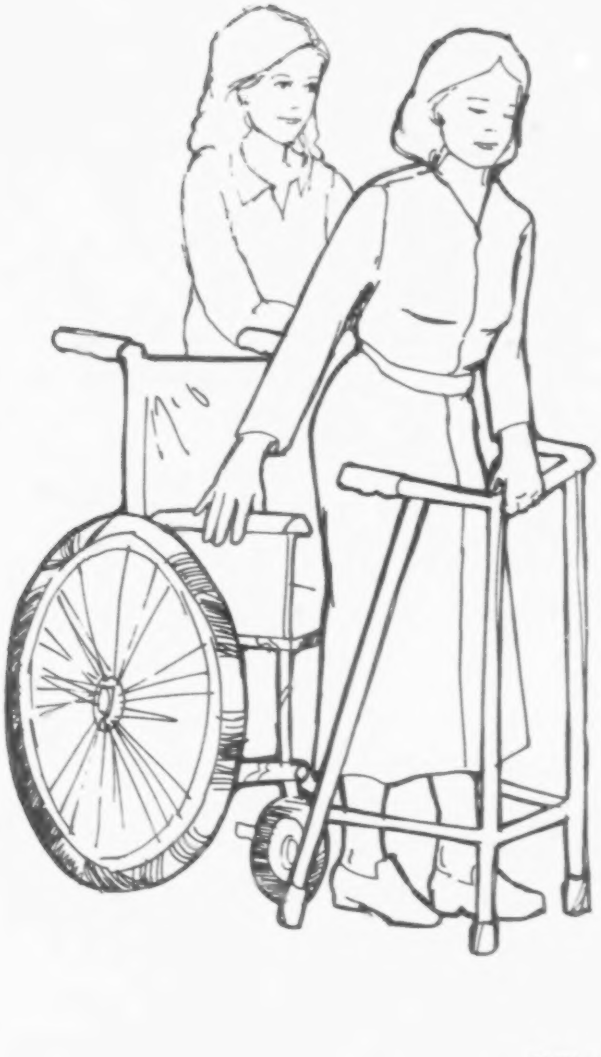
Assisting The Weak Patient To Sit With A Walker (Method 1)



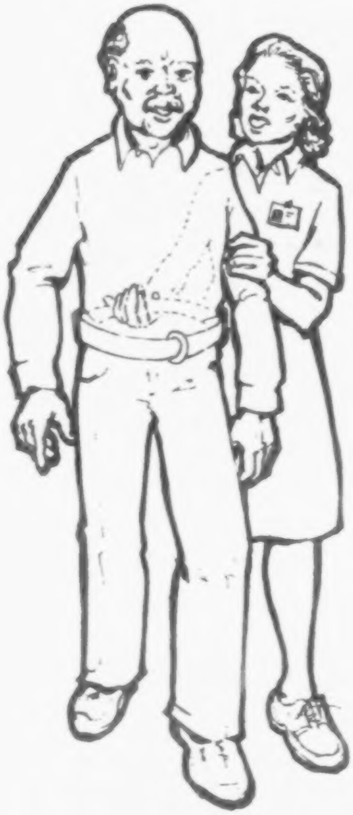
Assisting The Weak Patient To Stand With A Walker (Method 2)



Assisting the Weak Patient To Sit With A Walker (Method 2)



Position of Aide During Ambulation



LESSON PLAN: 1

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT X TELEPHONE TECHNIQUES

SCOPE OF UNIT:

This unit will provide suggestions for proper telephone technique when taking incoming calls. It will include basic principles, screening calls and taking messages.

INFORMATION TOPIC: X OR DEMONSTRATION:

USING THE PHONE
(Lesson Title)

LESSON OBJECTIVES - THE STUDENT WILL BE ABLE TO:

1. List six basic principles for telephone use.
2. Describe a technique for screening a phone call.
3. Given a phone message, fill out a phone call form.
4. Describe a method for transferring a phone call.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. TM 1: Standard Message Form

INFORMATIONAL ASSIGNMENT: (Student)

Luck, Martha. Secretary's Handbook. Little Falls, NJ: Career Institute Publisher, 1980. pp. 100-104.

REFERENCES: (Instructor's Additional Information)

Luck, Martha. Secretary's Handbook. Little Falls, NJ: Career Institute Publisher, 1980.

INTRODUCTION:

In any business or company, there seem to be days when the telephone rings insistently. Most people agree, however, that it is probably the most important tool in the office. It is one of the greatest timesaving machines in the array of office equipment, and every person should improve his/her effective use of it. Many small physical therapy departments have no secretary, so the aide is asked to answer the phone for a period of time. The impression you create depends on your voice and your telephone habits. You should be aware of basic methods and techniques for handling phone calls. Different departments will have different specific techniques that can only be learned by working there. This lesson will provide general telephone techniques that could be applied to all departments.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT X TELEPHONE TECHNIQUES

OUTLINE: (Key Points)

I. Basic Principles for Telephone Use (II-1)

A. Answer incoming calls promptly.

B. Identify yourself when you answer the telephone. Your place of employment may have a prescribed requirement or standard format for this identification: for example, "Physical Therapy Department, Mary Brown speaking."

C. Be pleasant in tone and words.

D. Enunciate words clearly so that the caller can understand you.

E. Take time to be courteous, using the caller's name during the conversation and by talking to the person, not at the telephone.

F. Listen attentively. Take time to get and give answers to questions. This builds good will for your department.

G. Apologize to the caller for mistakes or delays and indicate what will be done to correct errors. Be sure to follow-up and see that the "correcting" really gets done.

H. Speak distinctly. Speak directly into the mouthpiece in a quiet voice. Your lips should be about an inch away from the mouthpiece, and you should speak in your natural tone. For good listening, keep the receiver close to your ear.

I. Take appropriate and ample notes during a telephone conversation. Date all notes so you will be able to "follow-through" and so there will be a record for reference.

J. Let the caller terminate the call. This is correct protocol. Replace the telephone gently when the conversation is completed.

K. Follow the procedures and guidelines that are specific to that particular department.

II. Screening Telephone Calls (II-2)

A. If a person is calling to make an appointment for a personal interview, it is particularly important to learn the purpose or business to be transacted.

B. An excellent technique is to ask, in a friendly and polite voice, "May I tell Mr. Brown who is calling?"

C. Most callers will give their name as well as the reason for the call.

III. Taking Messages

A. Therapists will not always be free to come to the phone and take a call; therefore, the aide must make a record of both telephone calls and visitors who came during the therapist's absence.

B. Have a standardized form for these messages, preferably printed on colored paper so they will "stand out" and be noticed when placed on a desk. (II-3)

C. Your department may have printed such a form. If not, there are generally forms of this type available in any good office supply or stationery store.

D. Get the following minimum information (TMI)

1. Who the caller wanted to speak to, or who the visitor came to see

2. Date

3. Time (hour and minute)

4. Name of the person who called or visited (spelled correctly).

5. Where that person is from

6. Phone number of person who called or visited

7. Subject of caller's or visitor's inquiry

8. Message

9. Your name

E. A courteous approach should be used in getting all necessary information.

F. If you don't know the caller's name and phone number, it is necessary to ask.

1. The best way to phrase the question is: "May I have your name, please, and your telephone number?"

2. Be sure you have correctly spelled the caller's name. To verify spelling it is helpful to use simple words to distinguish between letters which may sound alike on the phone. For example: "A as in able, "B as in baker," etc.

G. Double-check yourself by repeating the message to the caller before he/she terminates the call. This technique helps to prevent errors or misunderstandings.

IV. Transferring Telephone Calls

A. This procedure calls for tact and competence so callers do not get the impression that they are getting the "runaround." Tell the caller why you must transfer the call.

B. Tell callers how the call is going to be transferred so that they will not think they are being cut off.

C. Give the caller the number you are transferring the call to, so that in case the transfer does not go through successfully the caller can call back and reach the appropriate person.

D. Transfer the call by following the procedure used with the phone system at your facility (operator-assisted, or direct interdepartmental transfer).

E. If you answer a phone call from a person who has been frequently "transferred" and, as a result, is somewhat unhappy and annoyed, the best procedure is to take the name, phone number, and information needed. Assure the caller that you will find the appropriate party or information which they are seeking and call back. Then be sure to follow through.

V. Summary and Conclusion

A. Basic principles for telephone use

B. Screening telephone calls

C. Taking messages

D. Transferring telephone calls

LESSON PLAN: 1

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT X TELEPHONE TECHNIQUES

INTERACTION ITEMS:

1. What are some basic principles for proper telephone technique?
2. How should an aide screen a call?
3. Why should there be a standardized form that "stands out" for telephone messages?

CLASSROOM, LABORATORY, OR OTHER ACTIVITIES:

1. Practice responding to telephone conversations.

LESSON PLAN: 1

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT X TELEPHONE TECHNIQUES

EVALUATION ITEMS

Write the correct answers to each of the items below.

1. List six (6) of the basic principles for telephone use.

   a. ______________________________

   b. ______________________________

   c. ______________________________

   d. ______________________________

   e. ______________________________

   f. ______________________________

2. Describe an appropriate way to screen a telephone call.

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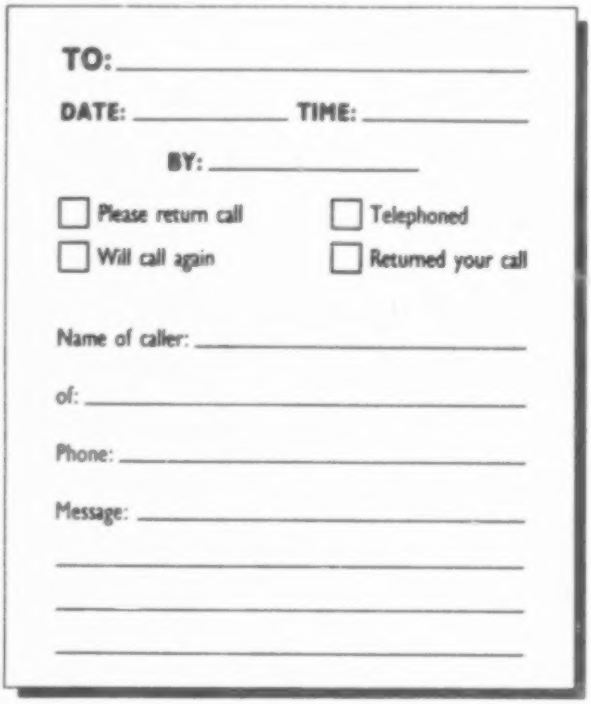
3. A call came for John Jones, PT from Sam Smith at 10:00 am today about a low back problem. Mr. Smith will call back at 4:00 pm. Correctly fill out the form using the given information.



TO: ____________________

DATE: __________ **TIME:** __________

BY: __________

☐ Please return call ☐ Telephoned

☐ Will call again ☐ Returned your call

Name of caller: ____________________

of: ____________________

Phone: ____________________

Message: ____________________

4. You have answered the phone and the caller really needs the occupational therapy department. The number for O.T. is 234-5678. In the space below, write the steps for transferring the call.

LESSON PLAN: I

COURSE TITLE: PHYSICAL THERAPY AIDE

UNIT X TELEPHONE TECHNIQUES

ANSWERS TO EVALUATION ITEMS

1. Any six of the following:

    a. Answer incoming calls promptly.

    b. Identify yourself when you answer the phone using the standard format used in your place of employment.

    c. Be pleasant in tone and words.

    d. Enunciate words clearly so that the caller can understand you.

    e. Take time to be courteous, using the caller's name during the conversation and by talking to the person, not at the telephone.

    f. Listen attentively. Take time to get and give answers to questions.

    g. Apologize to the caller for mistakes or delays and indicate what will be done to correct errors. Be sure to follow-up and see that the "correcting" really gets done.

    h. Speak distinctly. Speak directly into the mouthpiece in a quiet voice. Your lips should be about an inch away from the mouthpiece, and you should speak in your natural tone. For good listening, keep the receiver close to your ear.

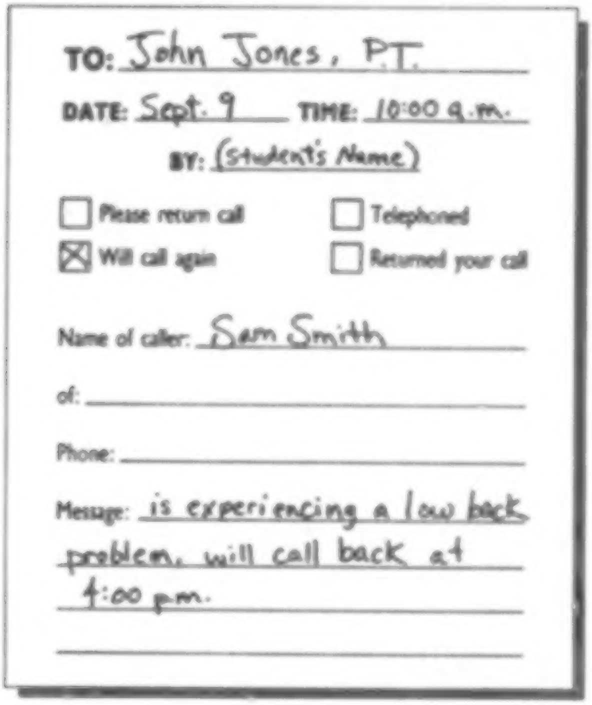
    i. Take appropriate and ample notes during a telephone conversation. Date notes so you will be able to "follow-through" and so there will be a record for reference.

    j. Let the caller terminate the call. This is correct protocol. Replace the telephone gently when the conversation is completed.

    k. Follow the procedures and guidelines that are specific to that particular department.

2. "May I tell Mr. Martin who is calling?"

3.



TO: John Jones, P.T.

DATE: Sept. 9 **TIME:** 10:00 a.m.

BY: (Student's Name)

☐ Please return call ☐ Telephoned

☒ Will call again ☐ Returned your call

Name of caller: Sam Smith

of:

Phone:

Message: is experiencing a low back problem. will call back at 4:00 pm.

4.

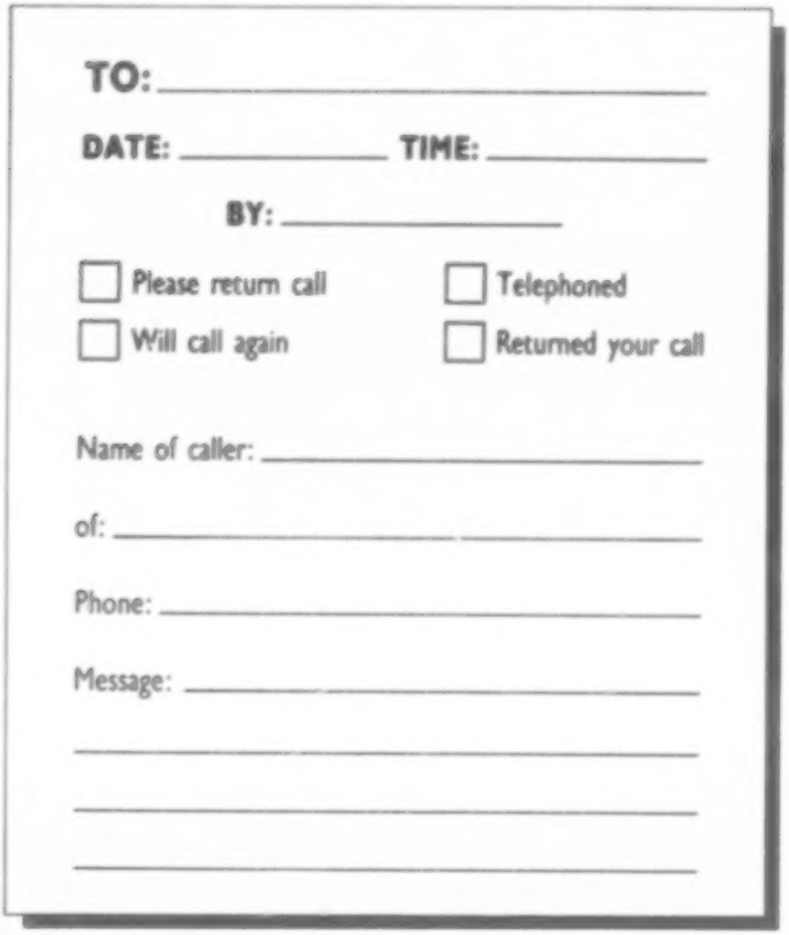
a. Tell the caller that you are going to transfer the call to O.T. and to continue waiting on line.

b. Give the caller the number for the occupational therapy department (234-5678) in the event that the transfer does not go through.

c. Transfer the call by following the procedure used with the phone system at your facility (operator-assisted, or direct interdepartmental transfer).

TM 1

Standard Message Pad



TO: ______________________

DATE: __________ **TIME:** __________

BY: __________

☐ Please return call ☐ Telephoned

☐ Will call again ☐ Returned your call

Name of caller: ______________________

of: ______________________

Phone: ______________________

Message: ______________________

____

____

____

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Competency Certificate

This is to Certify that:

____

Achieved the Job Competencies
as Acknowledged for

Physical Therapy Aide

And is Therefore Recognized

This ________ *Day of* ________ *, 19* ________

______________________ ______________________
Instructor *Administrator*

Competency Profile [illegible] hysical Therapy Aide

Student Name: ____________________

Permanent Address: ____________________

Social Security Number: ____________________

Instructor's Signature: ____________________

Directions: This profile provides a permanent record for student, instructor, and/or industry representative. The competencies listed below correspond directly to the lessons presented in this curriculum guide. Compile your evaluation of the student (trainee) by transferring the appropriate "yes/no" rating from the various demonstration lessons, or by indicating "yes/no" if the student (trainee) has mastered objectives contained in information lessons.

YES	NO	Introduction To Physical Therapy
__	__	1. Write the definition of physical therapy as published by the American Physical Therapy Association.
__	__	2. Identify the founder of physical therapy.
__	__	3. List events contributing to the growth of the physical therapy profession in the U.S.
__	__	4. List previous names of the American Physical Therapy Association.
__	__	5. Identify the educational backgrounds and functions of physical therapy workers.
__	__	6. List settings in which a physical therapy aide might work.

YES	NO	Introduction to Patients
__	__	7. List types of patients commonly treated in the physical therapy department.
__	__	8. Identify common characteristics of patient types.
__	__	9. Differentiate between sympathy and empathy and how each relates to patient care.
__	__	10. Demonstrate knowledge of patient's rights.

YES	NO	Patient Lifting and Transfer Techniques
__	__	11. Identify terms related to lifting.
__	__	12. List principles of lifting.
__	__	13. Identify correct lifting techniques.
__	__	14. Identify incorrect lifting techniques.
__	__	15. Describe how principles of lifting relate to the job of the physical therapy aide.
__	__	16. Define transfers.
__	__	17. Identify determinants for transferring a patient.
__	__	18. Differentiate between passive and active transfers.
__	__	19. List hints (techniques) in safe transfers.
__	__	20. Transfer a patient with one-sided weakness.
__	__	21. Transfer a patient utilizing the two person lift.
__	__	22. Transfer a patient utilizing the one person pivot transfer.
__	__	23. Transfer a patient utilizing the pneumatic lift transfer.

YES	NO	Draping the Patient
__	__	24. Define draping.
__	__	25. List reasons for draping.
__	__	26. Identify types of patients needing to be draped.
__	__	27. Identify hints (techniques) in draping.
__	__	28. Drape a patient for treatment.

YES	NO	Equipment Identification and Storage
__	__	29. Identify types of heating and cooling equipment.
__	__	30. Identify characteristics of and guidelines for superficial heats.
__	__	31. Identify characteristics of and guidelines for deep heats.
__	__	32. Identify characteristics of and guidelines for cold therapy.
__	__	33. Identify exercise equipment used in the physical therapy department.
__	__	34. Identify assistive ambulatory devices.
__	__	35. Identify types of ultraviolet lamps.
__	__	36. Identify uses of a traction unit.

YES	NO	Infection Control
__	__	37. Identify ways microorganisms are transmitted.
__	__	38. Identify the most common transmission mode of infection.
__	__	39. List elements in the spread of infection.
__	__	40. Describe why isolation techniques are used.
__	__	41. Identify isolation techniques.
__	__	42. Wash hands.
__	__	43. Use protective apparel.
__	__	44. Transport an isolation patient.

YES	NO	Maintaining the Treatment Area
__	__	45. List types and amount of linen stored in the physical therapy department.
__	__	46. List categories and amount of supplies stored in the physical therapy department.
__	__	47. State appropriate quantities of linen and supplies to restock at work areas and how often restocking should occur.
__	__	48. List general supplies to be stocked in all areas.
__	__	49. List responsibilities in maintaining the booth area.
__	__	50. Describe procedures for maintaining moist heat packs and cold packs.
__	__	51. List duties for the aide that occur at the end of the work day or designated period.
__	__	52. List responsibilities in maintaining gym area.
__	__	53. Describe procedures for cleaning mats and tilt tables following a work period.

YES	NO	Hydrotherapy
__	__	54. Prepare whirlpool for patient treatment.
__	__	55. Sterilize the whirlpool tank and turbine.

YES	NO	Ambulation Techniques for the Aide
__	__	56. Describe preparatory steps for patient ambulation.
__	__	57. Identify crutch placement when assisting an orthopedic patient to a standing position.
__	__	58. Identify crutch removal technique when assisting an orthopedic patient to a sitting position.
__	__	59. Describe the aide's position when assisting a hemiplegic patient with a cane to rise from a chair.

YES	NO	Telephone Techniques
__	__	60. List basic principles for telephone use.
__	__	61. Describe telephone call screening techniques.
__	__	62. Record a telephone message.
__	__	63. Describe how telephone calls are transferred.